

### FORM 3, SIDE A – MONTHLY BMP VISUAL OBSERVATIONS

At least once per month, during dry weather and daylight hours, make visual observations of all drainage areas checking for:

- The presence or indications of prior, current, or potential unauthorized NSWDS and their sources.
- Authorized NSWDS, sources, and associated BMPs to ensure compliance with Section IV.B.3 of the IGP.
- Outdoor industrial equipment and storage areas, outdoor industrial activities areas, BMPs, and all other potential sources of industrial pollutants.

Date: ____ / ____ / _____	Start Time: ____ : ____ (24:00)
---------------------------	---------------------------------

Tenant:	Choose an item.	Operational Area (if multiple):	Choose an item.
---------	-----------------	---------------------------------	-----------------

Describe the weather conditions: \_\_\_\_\_

Were all operational areas visually observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Select all the BMPs applicable to the operational area.

<input type="checkbox"/> Air Compressor Operation	<input type="checkbox"/> Drainage System Operation	<input type="checkbox"/> Painting
<input type="checkbox"/> Aircraft Deicing	<input type="checkbox"/> Emergency Response Drills	<input type="checkbox"/> Pesticide Storage & Handling
<input type="checkbox"/> Aircraft Fueling	<input type="checkbox"/> Fuel Dispensing (Fuel Islands)	<input type="checkbox"/> Trash Bins, Dumpsters, & Compactors
<input type="checkbox"/> Aircraft Line Maintenance	<input type="checkbox"/> General Shipping & Receiving	<input type="checkbox"/> Vehicle & Equipment Charging
<input type="checkbox"/> Baggage Handling	<input type="checkbox"/> Generator Tank Fueling	<input type="checkbox"/> Vehicle & Equipment Fueling
<input type="checkbox"/> Cargo Handling	<input type="checkbox"/> Haz/Universal Waste Handling & Storage	<input type="checkbox"/> Vehicle & Equipment Maintenance
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Hazmat & Oil Handling & Storage	<input type="checkbox"/> Vehicle & Equipment Washing
<input type="checkbox"/> Chemical Toilet Usage	<input type="checkbox"/> Landscaping Maintenance	<input type="checkbox"/> Welding, Cutting, & Other Metalworking
<input type="checkbox"/> Cooling Tower Operation	<input type="checkbox"/> Lavatory Waste Handling	

Have any of the BMPs selected above not been fully implemented? <i>(If yes, explain on side B.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Have any of the BMPs selected above been found to be ineffective? <i>(If yes, explain on side B.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Are any revised or additional BMPs necessary? <i>(If yes, explain on side B.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Were any authorized NSWDS observed in the drainage area? <i>(Check all that are applicable.)</i> <input type="checkbox"/> Atmospheric condensates <input type="checkbox"/> Irrigation/landscape watering <input type="checkbox"/> Fire prevention/response system <input type="checkbox"/> Potable water <input type="checkbox"/> Natural springs/groundwater <input type="checkbox"/> Incidental cooling tower mists	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Were pollutants observed in the authorized NSWDS? <input type="checkbox"/> N/A <i>(If yes, complete side B, indicating the observed pollutants, e.g., floating/suspended material, oil &amp; grease, discoloration, trash &amp; debris, turbidity, odors, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Were there any indications of prior, current, or potential future unauthorized NSWDS? <i>(If yes, complete side B, describing the evidence, e.g., pavement or soil staining, "wet" patches or puddles in unexpected areas, hoses or liquids flowing towards/into storm drains, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Were stormwater conveyances in the drainage area in good condition? <i>(If no, describe the conditions on side B, e.g., grates not damaged or plugged, no excess trash or debris in catch basins, drain covers or wattles properly placed [if appropriate], etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Were any other conditions or issues observed with the potential to negatively impact stormwater runoff quality? <i>(If yes, describe the condition(s) or issue(s) on side B.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Inspector Name: _____	Signature: _____
-----------------------	------------------

**FORM 3, SIDE B – MONTHLY BMP VISUAL OBSERVATIONS**

<b>Observation Date</b> ___ / ___ / _____	<b>Observation Location</b>	<b>Description of Issue</b> <i>(e.g., unimplemented/ineffective BMP [specify which], unauth. NSWD, contaminants in auth. NSWD, etc.)</i>	<b>Corrective Actions</b> <i>(include WO # if applicable)</i>
<b>Observation Time</b>  ____ : ____ (24:00)			
____ : ____ (24:00)			
____ : ____ (24:00)			
____ : ____ (24:00)			
____ : ____ (24:00)			
____ : ____ (24:00)			

Make additional copies of this page as needed.