

STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

SWPPP VISUAL MONITORING DATA

For Discharges to High Quality Waters or Impaired Waterbodies

Use this form only when required to conduct visual monitoring under the 2011 CGP Part 2.1.5 or Part 3.2.

			AKSAS Number:		Project Name:				
Name of Person Conducting Monitoring:				Title of Person Conducting Monitoring:					
Date		Discharge Point/Location							
Observations									
Discharges		Pollutant indicators present: NO YES (If YES, check all that apply and describe)		S	Conditions Require Corrective Action: ☐ NO ☐ YES				
☐ No discharge at this time		☐ Odor:	☐ Floating/settled/suspended solids:		If YES, describe the conditions that require corrective action and what corrective action will be taken.				
☐ Clear discharge		□Foam:	Other:						
☐ Colored Discharge Color of Discharge Water:		☐Oil Sheen:							
Date		Discharge Point/Location							
Observations									
Discharges		Pollutant indicators present: NO YES (If YES, check all that apply and describe)		S	Conditions Require Corrective Action: ☐ NO ☐ YES				
☐ No discharge at this time		☐ Odor:	☐ Floating/settled solids:	/suspended	If YES, describe the conditions that require corrective action and what corrective action will be taken.				
☐ Clear discharge		□Foam:	Other:						
☐ Colored Discharge Color of Discharge Water:		☐Oil Sheen:							



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Discharges		Pollutant indicators present: ☐ NO ☐ YES (If YES, check all that apply and describe)		6	Conditions Require Corrective Action: ☐ NO ☐ YES					
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☐ Colored Discharge Color of Discharge Water:		□Oil Sheen:								
Date		Discharge Point/Location								
Date										
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Discharges		Pollutant indicators present: NO YES (If YES, check all that apply and describe)		3	Conditions Require Corrective Action: ☐ NO ☐ YES					
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