

Visual Inspection Checklist

Inspector: _____ Date: _____

Time: _____ Temperature: _____ Conditions: Clear Overcast Rain/Snow

Instructions: Observing from the periphery of the treatment system, note the following. Note all specific observations below:

	Receiving Pond	Filtration Pond	Upper SWM Pond	Lower SWM Pond	SWM Pond Outfall
Odor	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion
Color	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion
Clarity	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion	<input type="checkbox"/> Normal <input type="checkbox"/> See Discussion
Floating Solids	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion
Foam	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion
Oily Sheen	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion	<input type="checkbox"/> None <input type="checkbox"/> See Discussion
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