



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:**

<b>Date</b>		<b>Discharge Point/Location</b>
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**Observations**

<p><b>Discharges</b></p> <p><input type="checkbox"/> No discharge at this time</p> <p><input type="checkbox"/> Clear discharge</p> <p><input type="checkbox"/> Colored Discharge Color of Discharge Water:</p>	<p><b>Pollutant indicators present:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, check all that apply and describe)</p> <p><input type="checkbox"/> Odor:</p> <p><input type="checkbox"/> Floating/settled/suspended solids:</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Foam:</p> <p><input type="checkbox"/> Oil Sheen:</p>	<p><b>Conditions Require Corrective Action:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, describe the conditions that require corrective action and what corrective action will be taken.</p>
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