



Illinois Environmental Protection Agency

Bureau of Water • 1021 N. Grand Avenue E. • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Division of Water Pollution Control ANNUAL FACILITY INSPECTION REPORT

for NPDES Permit for Storm Water Discharges from Separate Storm Sewer Systems (MS4)

This fillable form may be completed online, a copy saved locally, printed and signed before it is submitted to the Compliance Assurance Section at the above address. Complete each section of this report.

Report Period: From March, 2020 To March, 2021

Permit No. ILR40 0318

MS4 OPERATOR INFORMATION: (As it appears on the current permit)

Name: CITY OF COLUMBIA Mailing Address 1: 208 SOUTH RAPP AVENUE
Mailing Address 2: _____ County: St. Clair
City: COLUMBIA State: IL Zip: 62236 Telephone: 618-281-7144
Contact Person: CHRIS SMITH Email Address: csmith@columbiaillinois.com
(Person responsible for Annual Report)

Name(s) of governmental entity(ies) in which MS4 is located: (As it appears on the current permit)

ILLINOIS DEPARTMENT OF TRANSPORTATION ST. CLAIR COUNTY
SUGARLOAF TOWNSHIP

THE FOLLOWING ITEMS MUST BE ADDRESSED.

A. Changes to best management practices (check appropriate BMP change(s) and attach information regarding change(s) to BMP and measurable goals.)

- | | | | |
|--|--------------------------|---|--------------------------|
| 1. Public Education and Outreach | <input type="checkbox"/> | 4. Construction Site Runoff Control | <input type="checkbox"/> |
| 2. Public Participation/Involvement | <input type="checkbox"/> | 5. Post-Construction Runoff Control | <input type="checkbox"/> |
| 3. Illicit Discharge Detection & Elimination | <input type="checkbox"/> | 6. Pollution Prevention/Good Housekeeping | <input type="checkbox"/> |

B. Attach the status of compliance with permit conditions, an assessment of the appropriateness of your identified best management practices and progress towards achieving the statutory goal of reducing the discharge of pollutants to the MEP, and your identified measurable goals for each of the minimum control measures.

C. Attach results of information collected and analyzed, including monitoring data, if any during the reporting period.

D. Attach a summary of the storm water activities you plan to undertake during the next reporting cycle (including an implementation schedule.)

E. Attach notice that you are relying on another government entity to satisfy some of your permit obligations (if applicable).

F. Attach a list of construction projects that your entity has paid for during the reporting period.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Owner Signature:

Printed Name:

5/24/21

Date:

Title:

EMAIL COMPLETED FORM TO: epa.ms4annualinsp@illinois.gov

or Mail to: ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
WATER POLLUTION CONTROL
COMPLIANCE ASSURANCE SECTION #19
1021 NORTH GRAND AVENUE EAST
POST OFFICE BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276

ADMINISTRATIVE REVISIONS TO THE NOTICE OF INTENT

Revisions to the original Notice of Intent (NOI) are reflected below.

MS4 Operator Mailing Address: Yes _____ No _____

Persons Responsible: Yes _____ No _____

Name: _____

Title: _____

Telephone Number: _____

Area of Responsibility: _____

Introduction

In 2003, St. Clair County (County), Illinois and its communities created a Co-Permittee Group to join forces in complying with the National Pollutant Discharge Elimination System (NPDES) for Municipal Separate Storm Sewer Systems (MS4) Phase II requirements. As stated in the original 2003 Notice of Intent (NOI), the County and the Co-Permittee communities were to pool resources and work together to comply with the commitments made within the NOI for the benefit of all within the County.

The Co-Permittee Group was active during this reporting period. Significant progress was made sharing Best Management Practices (BMPs) for document retention, operation procedures, and maintenance activities.

Best Management Practice (BMP) Summary of 2020-2021 Activities

In 2003, each member of the Co-Permittee Group submitted a NOI in compliance with the first 5-year cycle. In 2008, a NOI was submitted in compliance with the next 5-year cycle, as written in the first MS4 permit. The 2009 NOI was submitted in compliance with additional requirements in the second MS4 permit. In 2013, a new NOI was submitted for the next 5-year cycle and was in place starting in March 2014. As stated in the 2003, 2008, 2009, and 2013 NOIs, each Co-Permittee Member identified certain activities to comply with the Phase II requirements. Below is an abbreviated summary of the BMPs that were written in the NOI for each of the minimum control measures. **NOI Submitted?**

March 2020-February 2021:

- 1) **A.1-** Stormwater brochures for businesses, homeowners, children, and green infrastructures were to be promoted and displayed by each community in a public place.
- 2) **A.4-** St. Clair County sponsored a booth at the County Fair and/or Earth Day and distributed the storm water and green infrastructure brochures.
- 3) **A.5-** St. Clair County posted newsletters on the County Health Department website during school months. The amount of material distributed was to be tracked by the communities.
- 4) **B.3-** The Co-Permittee Group met three (3) times to review upcoming permit requirements, notice of intent, review storm water management program, operations training, and to develop and submit the Annual Report.
- 5) **B.5-** Co-Permittee Members solicited and encouraged public assistance in monitoring the community's stormwater system. Public inquiries and complaints were responded to and recorded.
- 6) **B.6-** St. Clair County continued to promote programs related to stormwater activities and recycling programs. The community tracked its participation.

- 7) **C.1-** Co-Permittee Members updated any new or revised storm sewers and performed stream observations at bridge inspections.
- 8) **C.5-** A survey of previously installed stencils was to be performed as well as replacing or placing any that needed inlet stencils.
- 9) **C.6-** Communication brochures were distributed to the community. Co-Permittee Members discussed any known illicit discharge ordinance compliance issues in the communities.
- 10) **C.9-** Co-Permittee Members developed brochures addressing specific stormwater ordinance prohibited activities and distributed with educational brochures.
- 11) **D.1, E.2, E.4-** Community stormwater ordinances were to be updated, if needed, and require a SWPPP on site plans disturbing more than 1-acre.
- 12) **D.2, F.1-** The Co-Permittee held an Operations Training class. Topics included a review of the history of drainage systems, the Clean Water Act and NPDES permits, and the impacts of storm water.
- 13) **D.5-** St. Clair County continued to maintain a stormwater hotline number to address public concerns related to storm water issues. County tracked and reported the number of calls.
- 14) **F.6-** Communities reviewed operating procedures and BMPs and modified if necessary.

The following pages highlight changes made to the BMPs from the NOI, BMP status, and activities planned for the next reporting year. Additional information is also provided from the County and each Community.

It is to be noted that some BMPs will continue on to the next NOI, but some will be stopped, and others added to fulfill the requirements of the permit. The 2021-2026 NOI can be found on the IEPA website.

City of _____ FOIA Officer for the reporting year:
Name: _____
Title: _____
Telephone Number: _____

COMMUNITY NAME: _____

PERMIT #: _____

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
BMP No. A.1 - Distributed Paper Materials- Informational Brochures								
Milestone For Reporting Year: Promote the availability of brochures to the residents.								
BMP No. A.4- Community Event- Sponsor Annual Booth at St. Clair County Earth Day Festival								
Milestone For Reporting Year: St. Clair County sponsored a booth at the Earth Day Festival.								
BMP No. A.5- Classroom Education Material								
Milestone For Reporting Year: Communities distributed educational materials and tracked the number of brochures and other materials handed out to the schools.								

COMMUNITY NAME: _____

PERMIT #: _____

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
BMP No. B-3- Stakeholder's Meeting- Coordinate Meetings and Annual Reports								
Milestone For Reporting Year: Co-Permittee Group met three (3) times to complete training and to develop and submit the Annual Report.								
BMP No. B-5- Volunteer Monitoring- Solicit and Encourage Public Assistance in Monitoring the Community's Stormwater System & Stormwater Hotline								
Milestone For Reporting Year: Community will work to involve more public assistance in reporting stormwater issues.								
BMP No. B.6- Program Coordination- Participate in programs targeted at public awareness, including: Inlet Stenciling and Recycling								
Milestone for Reporting Year: St. Clair County continued to promote programs related to stormwater activities. Communities tracked participation.								

COMMUNITY NAME: _____

PERMIT #: _____

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
BMP No. B.7- Other Public Involvement - the community will provide a public meeting annually for public input into for the MS4 program								
Milestone for Reporting Year: The communities will provide a public meeting annually for public input for the MS4 program.								
BMP No. C.1- Storm Sewer Map Preparation								
Milestone for Reporting Year: Co-Permittee member communities reviewed outfall maps and conducted stream observations annually at bridge inspections.								
BMPs No. C.2, C.9- Regulatory Control Program- Ordinance language for Illicit discharge/public notification								
Milestone for Reporting Year: Communication brochures were distributed to the community.								
BMP No. C.5- Inlet Stenciling								
Milestone for Reporting Year: Survey condition of inlet stencils.								

COMMUNITY NAME: _____

PERMIT #: _____

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
BMP No. C.6- Program Evaluation and Assessment								
Milestone for Reporting Year: Perform illicit discharge detection and elimination in the Community's stormwater system.								
BMP No. C.9- Public Notification								
Milestone for Reporting Year: Community will update ordinance brochure.								
BMPs No. D.1, E.2, and E.4- Site Plan and Pre-Construction Review Procedures								
Milestone for Reporting Year: Update stormwater ordinance.								
BMP No. D.1- Regulatory Control Program								
Milestone for Reporting Year: Require SWPPP on all site plans disturbing more than one acre of land inside the Community.								

COMMUNITY NAME: _____

PERMIT #: _____

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?		B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.		C. Provide results of information collected and analyzed, including monitoring data. Information attached?		D. Summarize the stormwater activities you plan to undertake with an implementation schedule.		
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
BMP No. D.2- Erosion and Sediment Control BMPs								
Milestone for Reporting Year: Community will participate in BMP training during Annual Operations Training.								
BMP No. D.5- Stormwater Hotline								
Milestone for Reporting Year: County continued to maintain a stormwater hotline number to address public concerns related to stormwater issues. County tracked and reported the number of calls.								
BMPs No. D.6 and E.5- Training for Construction Site Inspectors								
Milestone for Reporting Year: Inspector training was provided this year.								
BMP No. E.2- Regulatory Control Program								
Milestone for Reporting Year: Enforce Stormwater Ordinance.								

COMMUNITY NAME: _____

PERMIT #: _____

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

A. Changes to Best Management- Were there any changes to the BMPs?			B. The status of compliance with the permit, the appropriateness of the BMP and progress towards achieving reduction of discharged pollutants to the MEP, and identified measurable goals for each of the minimum control measures.	C. Provide results of information collected and analyzed, including monitoring data. Information attached?			D. Summarize the stormwater activities you plan to undertake with an implementation schedule	
Comment	YES	NO		If attached information, describe.	YES	NO	Activity	Schedule
BMP No. E.4- Pre-Construction Review of BMP Designs								
Milestone for Reporting Year: Review post-construction BMPs.								
BMP No. F.1- Employee Training Program								
Milestone for Reporting Year: The Co-Permittee held an Operations Training class.								
BMP No. F.6- Other Municipal Operations Controls- Standard Operating Procedures								
Milestone for Reporting Year: Communities reviewed operating procedures and BMPs and modified if necessary.								

COMMUNITY NAME: _____

PERMIT #: _____

IEPA Annual Report for Stormwater Discharges from MS4 Communities- Period: March 2020 through February 2021

ADDITIONAL INFORMATION

<u>BMP A.5</u>	<u>Classroom Educational Materials</u>
<u>BMP B.6</u>	<u>Community Events - Recycling Programs</u>
<u>BMP B.7</u>	<u>Other Public Involvement</u>
<u>BMP C.5</u>	<u>Illicit Source Removal Procedures</u>

Additional Community Activities

(Make additional copies of form, if necessary)

List any additional community-sponsored activities performed between March 1, 2019 and February 29, 2020 not listed in the *Notice of Intent* (NOI) submittal, but which address one of the six minimum control measures:

Circle which minimum control measure is addressed:

- | | |
|--|---|
| 1. Public Education & Outreach | 4. Construction Site Runoff |
| 2. Public Participation/Involvement | 5. Post-Construction Runoff Control |
| 3. Illicit Discharge Detection & Elimination | 6. Pollution Prevention/Good Housekeeping |

C. Information Collected and Analyzed during 2020-2021 Reporting Year

The NPDES permit effective March 1, 2016, requires MS4 permittees serving populations over 25,000 persons to conduct quarterly laboratory testing of stormwater discharge. St. Clair County, the City of O'Fallon, O'Fallon Township, Fairview Heights, and Caseyville Township banded together to share sampling costs and data. The partnership began stormwater sampling during the first quarter of 2017. The samples were taken to a local accredited laboratory and tested for Fecal Coliform, Oil & Grease, Total Nitrogen, Total Phosphorous, Total Suspended Solids, and Chlorides. The laboratory returned a reporting package that contains laboratory results and chain of custody forms in addition to standard report contents.

The partnership identified two (2) locations for sampling each quarter within 48 hours of a ¼-inch-or-greater rainfall event in a 24-hour period. If a sample cannot be taken during the quarter, an explanation will be provided. The stormwater monitoring program will help evaluate the effectiveness of BMPs implemented to reduce pollutant loadings and water quality impacts. When trends in the data are identified, BMPs can be adjusted accordingly.

The laboratory reporting forms and the information collected are attached. Sampling outfall locations for the reporting year were:

- Ogles Creek at Old Collinsville Road - Upstream
- Ogles Creek at Scott Troy Road - Downstream

CI. Reliance on Government Entities for Permit Obligations

Co-Permittee cooperation with County

CII. List of Construction Projects during 2020-2021 Reporting Year

The City of Columbia had the following public construction project during the reporting year:

ILR10 Number ZA4N Old Bluff Road - Reconstruction of existing road coinciding with the 11 South Development.

ILR10 Number ZA3U Quarry Road - Reconstruction of existing road, consists of removals, road widening

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility		CITY OF COLUMBIA		Permit ILR40 -			
Sampler's Name (please print)		TIM AHRENS		Qualifying Rain Event		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Outfall ID. (refer to site map)		# 1		Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK	
Quarter/ Year	1 st 2020	Date/Time Collected	3/10/20 12:45pm	Date/Time Examined	3/10/20 1:15pm		
Est. Time of Rainfall Start	3/9/20 EARLY MORNING	Rainfall Amount	1.53 "	Runoff Source	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall		
Parameter	Parameter Description			Parameter Characteristics			
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)			<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____			
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____			
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____			
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____			
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____			
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description:			
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Other _____			
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.			<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____			
WAIT 30 MINUTES							
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description (note type, size, & material):			
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description (shake bottle gently, is there foam?)			
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE							
Sampler's Signature and Date		Tim Ahrens 3/10/20					

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility		CITY OF COLUMBIA		Permit ILR40 -			
Sampler's Name (please print)		TIM AHRENS		Qualifying Rain Event		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Outfall ID. (refer to site map)		#2		Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK	
Quarter/ Year		2020		Date/Time Collected		3/10/20 1:25pm	
Date/Time Examined		3/10/20 1:55pm		Runoff Source		<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall	
Est. Time of Rainfall Start		3/9/20 Early morning		Rainfall Amount		.53"	
Parameter		Parameter Description		Parameter Characteristics			
Color		Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____			
Clarity		Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____			
Oil Sheen		Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____			
Odor		Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____			
Floating Solids		Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____			
Suspended Solids		Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:			
Damage to Outfall Structure		Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____			
Vegetation Conditions		Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____			
WAIT 30 MINUTES							
Settled Solids		Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):			
Foam		Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)			
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE							
Sampler's Signature and Date		Tim Ahrens 3/10/20					

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	City of Columbia		Permit ILR40 -	
Sampler's Name (please print)	Tim Ahrens		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	* 3	Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK
Quarter/ Year	5 th	Date/Time Collected	3/10/20 2:15pm	Date/Time Examined 3/10/20 2:45pm
Est. Time of Rainfall Start	3/9/20	Rainfall Amount	.53"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. <div style="text-align: center;">NONE</div>				
Sampler's Signature and Date	Tim Ahrens 3/10/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	Tim AHRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#4	Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK
Quarter/ Year	3 rd	Date/Time Collected	3/10/20 3:00pm	Date/Time Examined
Est. Time of Rainfall Start	3/9/20	Rainfall Amount	.53"	Runoff Source
				<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	Tim Ahrens 3/10/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	TIM AHRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#1	Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek
Quarter/ Year	2nd 2020	Date/Time Collected	7:20am 6/22/20	Date/Time Examined
Est. Time of Rainfall Start	6/21/20 2:00 AM	Rainfall Amount	1.0"	Runoff Source
				<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE.				
Sampler's Signature and Date	Tim Ahrens 6/22/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	TIM AHERNS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#2	Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek
Quarter/ Year	2nd 2020	Date/Time Collected	10:00 AM 4/22/20	Date/Time Examined 10:30 AM
Est. Time of Rainfall Start	6/01/20 2:00 AM	Rainfall Amount	1"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. none				
Sampler's Signature and Date	Ti Am 4/22/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	Tim AMRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	# 3	Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek
Quarter/ Year	3rd 2020	Date/Time Collected	10:45am 6/22/20	Date/Time Examined 11:15am
Est. Time of Rainfall Start	6/21/20 2:00am	Rainfall Amount	1"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	Tim Amrens 6/22/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	TIM AHRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	44	Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK
Quarter/ Year	2 nd 2020	Date/Time Collected	11:25 am 4/22/20	Date/Time Examined 11:55 am
Est. Time of Rainfall Start	6/21/20 2:00 am	Rainfall Amount	1"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	Tim Ahrens 4/22/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	TIM AKRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#1	Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK
Quarter/ Year	3rd 2020	Date/Time Collected	10:00am 7/24/20	Date/Time Examined 10:30am 7/24/20
Est. Time of Rainfall Start	10:00 7/24/20	Rainfall Amount	.43"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	Tim Akrens 7/24/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA			Permit ILR40 -	
Sampler's Name (please print)	Tim Ahrens			Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#2	Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek	
Quarter/ Year	3rd 2020	Date/Time Collected	10:45am 7/24/20	Date/Time Examined	11:15am 7/24/20
Est. Time of Rainfall Start	10:00 7/22/20	Rainfall Amount	.43"	Runoff Source	<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description			Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)			<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.			<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES					
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE					
Sampler's Signature and Date	Tim Ahrens 7/24/20				

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	Tim AHRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#3	Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK
Quarter/ Year	3rd 2020	Date/Time Collected	11:30am 7/24/20	Date/Time Examined 12:00pm 7/24/20
Est. Time of Rainfall Start	10:00 7/22/20	Rainfall Amount	.43"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	Tim Ahrens 7/24/20			


Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	TIM AHRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#4	Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK
Quarter/ Year	3 rd 2020	Date/Time Collected	12:40 pm 7/24/20	Date/Time Examined 12:40 pm 7/24/20
Est. Time of Rainfall Start	10:00 7/22/20	Rainfall Amount	.43"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Clear)		<input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	Tim Ahrens 7/24/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	Tim Ahrens		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#1	Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek
Quarter/ Year	3020 4 th	Date/Time Collected	12:45pm 10/30/20	Date/Time Examined 12:45 10/30/20
Est. Time of Rainfall Start	10/29/20 7:00am	Rainfall Amount	.65	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	 10/30/20			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	Tim Ahrens		Qualifying Rain Event	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Outfall ID. (refer to site map)	2	Outfall Description (ex: ditch, grassed swale, concrete pipe)	Creek	
Quarter/ Year	2020 4 th Q	Date/Time Collected	10/30/20 1:25pm	Date/Time Examined
Est. Time of Rainfall Start	7:00am 10/29/20	Rainfall Amount	.65"	Runoff Source
				<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. <div style="text-align: center; font-size: 1.5em;">None</div>				
Sampler's Signature and Date	<div style="display: flex; justify-content: space-between;"> Tim Ahrens 10/30/20 </div>			


Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	TIM AHRENS		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	#3	Outfall Description (ex: ditch, grassed swale, concrete pipe)		Creek
Quarter/ Year	2020 4 th	Date/Time Collected	10/30/20 2:45pm	Date/Time Examined 10/30/20 2:45pm
Est. Time of Rainfall Start	7:00am 10/24/20	Rainfall Amount	.65"	Runoff Source <input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. <div style="text-align: center; font-size: 1.5em; color: blue;">NONE</div>				
Sampler's Signature and Date	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 1.5em; color: blue;">Tim Ahrens</div> <div style="font-size: 1.5em; color: blue;">10/30/20</div> </div>			

Quarterly Visual Monitoring Form

Fill out a separate form for each sample collected (one form per outfall)

Facility	CITY OF COLUMBIA		Permit ILR40 -	
Sampler's Name (please print)	Tim Ahrens		Qualifying Rain Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outfall ID. (refer to site map)	4	Outfall Description (ex: ditch, grassed swale, concrete pipe)		CREEK
Quarter/ Year	2020 4 th	Date/Time Collected	10/30/20 2:05 pm	Date/Time Examined
Est. Time of Rainfall Start	7:00 AM 10/29/20	Rainfall Amount	.65"	Runoff Source
				<input type="checkbox"/> Snowmelt <input checked="" type="checkbox"/> Rainfall
Parameter	Parameter Description		Parameter Characteristics	
Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)		<input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Opaque <input type="checkbox"/> Milky/Cloudy <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other _____	
Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Floating Oil Globules <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Other _____	
Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Chemical <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sewage <input type="checkbox"/> Other _____	
Floating Solids	Is there anything on the surface of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Suds <input type="checkbox"/> Garbage <input type="checkbox"/> Sewage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other _____	
Suspended Solids	Is there anything suspended in the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description:	
Damage to Outfall Structure	Is there any damage to the outfall structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Concrete Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other _____	
Vegetation Conditions	Describe plant growth around the stormwater discharge location using the check boxes.		<input type="checkbox"/> Inhibited Growth <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
WAIT 30 MINUTES				
Settled Solids	Is there something settled on the bottom of the sample? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (note type, size, & material):	
Foam	Is there foam or material forming on the top of the sample surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (shake bottle gently, is there foam?)	
Detail any concerns, corrective actions taken, and any other indicators of pollution present in the sample. NONE				
Sampler's Signature and Date	 10/30/20			

CERTIFICATE OF ATTENDANCE

Tim Ahrens

Name

City of Columbia

Organization

has participated in the MS4 training that included "Annual Report Preparation" and "New 2021 NOI" presented by Noelle Gaspard of RJN Group held at the Shiloh Senior Center located at 1 Park Drive in Shiloh, Illinois on **March 5, 2020** and is awarded **1 PDH**

Noelle Gaspard

Noelle Gaspard, PE, GISP, CFM
Stormwater Practice Lead
RJN Group, Inc.

rjn group

Engineering Infrastructure for tomorrow



CERTIFICATE OF ATTENDANCE

Mike Sander

Name

City of Columbia

Organization

has participated in the MS4 training that included "Annual Report Preparation" and "New 2021 NOI" presented by Noelle Gaspard of RJN Group held at the Shiloh Senior Center located at 1 Park Drive in Shiloh, Illinois on **March 5, 2020** and is awarded **1 PDH**

Noelle Gaspard

Noelle Gaspard, PE, GISP, CFM
Stormwater Practice Lead
RJN Group, Inc.

rjngroup
Engineering Infrastructure for Tomorrow

CERTIFICATE

PROUDLY PRESENTED TO

TIM AHRENS

RJN Hosted MS4 Operations Training - 2 PDH credits

Nov 18, 2020

Date of Completion

RJN Group

Organizer

rjngroup
Engineering infrastructure for tomorrow

Aaron W. Metzger, P.E.
County Engineer

Tel: 618/939-8681 x 212
Fax: 618/939-4191
E-mail: highway@monroecountyl.gov

Monroe County Highway Department
100 S. Main Street, Room 16
Waterloo, Illinois 62298-1322

MEMORANDUM

TO: Dean Doerr
All Road District Commissioners
Tim Birk, City of Waterloo
Chris Smith, City of Columbia
Merrill Prange, Village of Fults
Denny Valentine, Village of Valmeyer
Charles Kujawski, Village of Hecker
David Braswell, Village of Maecystown
Levee District Commissioners: Brian Mehrtens
Gene Rohlfing
Dennis Rodenberg
David Krebel
Gary Stumpf

20 tires ~~FAKED~~
ON SEPT 9th
T.A.

FROM: Aaron W. Metzger 

DATE: August 11, 2020

SUBJECT: Tire Recycling

The Illinois E.P.A. has informed us of a municipal tire recycling drop spot on September 8th and 9th from 8:00 a.m. to 3:00 p.m. at the Monroe County Fairgrounds.

Tires on rims, large truck and tractor tires MUST be kept separate to facilitate unloading in different area at the collection site. If you have any rubber tires to dispose of feel free to drop at this location or add to our Valmeyer stock pile prior to this date. Please call Marcia with an estimated amount (volume) of tires as soon as possible.

Road District help with hauling is welcome.

Feel free to call with any questions.

AWM:mam
Attachment
cc: Jennifer Whelan
File: Road District General
tiredisposal20.mem



MONROE COUNTY HEALTH DEPARTMENT

1315 Jamie Lane Waterloo, IL 62298 Phone: 618-939-3871 Fax: 618-939-4459

TO: All Units of Local Government, Townships, Highway Commissioners, and
Public Works Directors

FROM: John Wagner, Administrator

DATE: August 10, 2020

RE: **LOCAL GOVERNMENT ONLY** Used Tire Collection 2020

The Illinois Environmental Protection Agency is pleased to sponsor a used tire collection. This tire collection is limited to **governmental entities ONLY** and is **NOT open to the general public**. No used tires from ULG fleets or from private entities are allowed. Please **do NOT** advertise this collection to the public.

The collection will be held on **Tuesday, September 8, 2020 and Wednesday, September, 2020 from 8:00a.m. until 3:00p.m.** on both days.

The event will be held at the **Monroe County Fairgrounds, 4177 State Route 156, Waterloo, IL 62298**

Tires on rims, large truck, and tractor tires **MUST** be kept separate to facilitate unloading in a different area at the collection site.

Please take the necessary steps to insure that waste materials, such as bricks, lumber, and garbage are removed from each load **PRIOR** to delivery.

If you have any specific questions, please contact me or:

Thomas W. Miller

Illinois Environmental Protection Agency

Desk: (618) 346-5154

Email: tom.miller@illinois.gov

John Wagner

Monroe County Health Department

618-939-3871

Email: jwagner@monroecountyhealth.org

Payments/Credits	\$0.00
Balance Due	\$1,600.00