

Monitoring Report

Municipality: _____

Report #: _____

Permit #: _____

Monitoring Date: _____

Sample(s) collected

Yes No

Field Monitoring

Analytical Monitoring (attach report)

Only complete the general information, general observations, summary of monitoring and follow-up actions, and signatory sections

General Information		Sample Information (if applicable)
Weather Condition(s) <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy	Precipitation <input type="checkbox"/> Misty <input type="checkbox"/> Light Rain <input type="checkbox"/> Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Other: _____	Sample Acquisition Location <hr/> Location ID (if applicable) <hr/> Sample ID # <hr/> Sample Collected By: <hr/>
Wind Condition <input type="checkbox"/> None <input type="checkbox"/> 1 to 10 mph <input type="checkbox"/> Greater than 10 mph	Were additional samples collected in immediate area? <input type="checkbox"/> Yes <input type="checkbox"/> No Report#: _____	

General Observations	
<input type="checkbox"/> Odor <input type="checkbox"/> Foam <input type="checkbox"/> Color <input type="checkbox"/> Other: _____	DESCRIPTION <hr/> <hr/> <hr/> <hr/>

Analysis Summary-Sample Testing (Field Monitoring)

Meter/Kit(s) Used: _____

Sample analyzed for (indicators): _____

Testing Results:

Indicator

Result

Indicator

Result

Analysis Summary-Visual Observations (Field Monitoring)

Observation Results:

Indicator

Probable Pollutant

Indicator

Probable Pollutant

Indicator

Probable Pollutant

Summary of Monitoring and Follow-Up Actions

Signature of Monitor

Date

Printed Name of Monitor

Signature of Authorized Municipal Representative

Date

Printed Name of Authorized Municipal Representative