

# **ATTACHMENT 3**

## **Illicit Discharge Elimination**

### **Contents**

#### **BMP**

- 2-3 Records of incident Responses**
- 3-1 Municiple Separate Storm Water System (MS4) New Outfall Description**
- 3-2 Outfall Inspection Log**
- 3-5 Solid Waste Collection Points and Pickup Schedule**
- 3-6 Ground Maintenace Litter and Debris Inspection Schedule**
- 3-7 SWMP Presentation for Grounds Maintenance Employee Training and Training Sign-In Sheets**



Call Received by: KDD Time: 9:15 Date: 10/20/14 Responder(s): KDD,

## INCIDENT RESPONSE RECORD

### QUESTIONS TO ASK:

1. Where is the incident located?	Preciado Park, 115, 117 Housing.
2. What is the nature of the incident? (Spill, Smell, Abandoned Chemicals, Exposure)	Hydraulic fluid - street only ~ 5 gal 20x10' - along curb.
3. Was anyone injured? How many? Where are they? Has 911 been called?	NO
4. Are there any symptoms of exposure?	No
5. Who is reporting the incident and what is their phone #?	ART 932-9748
6. Has anyone else been called to respond to the incident?	SW disposal doing clean-up. and will take waste for disposal.
7. Who will be designated to meet safety personnel?	
8. Have you notified your supervisor? Who is it?	NA
9. When was the incident discovered? Who discovered it?  SPILL: a. Can you identify the chemical or material? b. How big is the spill?  SMELL: a. Can you identify the odor? b. Where is the odor emanating from?	Truck picking up recycling and hydraulic fluid line broke - was quickly identified & absorbent spread to stop flow.

What actions were taken to bring the incident to closure?

- ① Curbside recycling vehicle broke Fluid line,
- ② SouthWest disposal responded to pick up spill using absorbent
- ③ SW disposal under contract to remove this type of vehicle fluids waste.
- ④ Report this to J. Kirby.

Jack Kirby

---

**From:** Art Lucero  
**Sent:** Monday, October 20, 2014 9:40 AM  
**To:** DeanC@WasteConnections.com; Pamela Izzo (Pamelal@WasteConnections.com); mariape@wcx.org; Delia Lujan (DeliaL@WasteConnections.com); santost@wcx.org  
**Cc:** Katrina Doolittle (kadoolit@nmsu.edu); Jack Kirby; 'dshearer@nmsu.edu' (dshearer@nmsu.edu); Timothy Dobson; Ralph (Bud) Jones; Alfonso Flores; Patrick Chavez; Art Lucero  
**Subject:** Hydraulic Fluid Spill/Service Truck Ruptured Hydraulic line

Good Morning Dean,

Thank you for your quick response in regards to the hydraulic fluid spill that occurred (truck ruptured a hydraulic line) this morning while your staff was servicing the curb side trash bins. We really appreciate the rapid response from your staff. Your crew contained the spill and is in the process of cleaning it up. I have notified our Environmental Health and Services group of the incident and assured them that your staff is in the process of cleaning it up to include removing the cleanup material. Please let us know if you need anything from us.

Job well done.

Art

*Art Lucero*

*Custodial, Solid Waste & Recycling Manager*

*Facilities & Services*

*New Mexico State University*

*E-mail [artl@nmsu.edu](mailto:artl@nmsu.edu)*

*Cell: (575) 932-9748*

*Office: 646-8159*

*<http://facilities.nmsu.edu/>*

*[We clean for Health as well as Appearance Go Aggies!!!](#)*

**ATTENTION:**

*This message and all its attachments may contain information that is CONFIDENTIAL and PRIVILEGED. It is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you received this message in error, please notify the sender by reply e-mail and delete the message immediately.*

 Please consider the environment before printing this email.





Call Received by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Responder(s): \_\_\_\_\_

## INCIDENT RESPONSE RECORD

<b>Check One (1) Box:</b>	Accident Investigation	Asbestos	Chemical Spills
	IAQ Mold/HVAC	Incident Response	Regulatory Action
	Safety Review	Storm water	Other

**QUESTIONS TO ASK:**

<b>1. Who is reporting the incident?</b>  What is your phone number?	<b>Name:</b>  <b>Phone #:</b>
<b>2. Was anyone injured? Has 911 been called?</b> How Many? Are there any symptoms of exposure? Describe . . .	
<b>3. Where is the incident located?</b>	
<b>4. What is the nature of the incident?</b> Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	
<b>5. Outdoor Spill-can it get into soil or storm water drain?</b>	<b>No</b>  <b>Yes:</b>
<b>6. Has anyone else been called to respond to the incident?</b>	
<b>7. Who will be there to meet safety personnel?</b>	
<b>8. Have you notified your supervisor?</b> Who is your supervisor?	
<b>9. When was the incident discovered?</b> Who discovered it?	

**What actions were taken to bring the incident to closure?**







Call Received by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Responder(s): \_\_\_\_\_

## INCIDENT RESPONSE RECORD

<b>Check One (1) Box:</b>	Accident Investigation	Asbestos	Chemical Spills
	IAQ Mold/HVAC	Incident Response	Regulatory Action
	Safety Review	Storm water	Other

**QUESTIONS TO ASK:**

<b>1. Who is reporting the incident?</b>  What is your phone number?	<b>Name:</b>  <b>Phone #:</b>
<b>2. Was anyone injured? Has 911 been called?</b> How Many? Are there any symptoms of exposure? Describe . . .	
<b>3. Where is the incident located?</b>	
<b>4. What is the nature of the incident?</b> Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	
<b>5. Outdoor Spill-can it get into soil or storm water drain?</b>	<b>No</b>  <b>Yes:</b>
<b>6. Has anyone else been called to respond to the incident?</b>	
<b>7. Who will be there to meet safety personnel?</b>	
<b>8. Have you notified your supervisor?</b> Who is your supervisor?	
<b>9. When was the incident discovered?</b> Who discovered it?	

**What actions were taken to bring the incident to closure?**





Call Received by: Ginger Parker Time: 11:00 AM Date: 4-8-2015 Responder(s): Ginger Parker

Jack Kirby

## INCIDENT RESPONSE RECORD

- Check One (1) Box:**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accident Investigation | <input type="checkbox"/> Asbestos               | <input type="checkbox"/> Chemical Spills   |
| <input type="checkbox"/> IAQ Mold/HVAC          | <input type="checkbox"/> Incident Response      | <input type="checkbox"/> Regulatory Action |
| <input type="checkbox"/> Safety Review          | <input checked="" type="checkbox"/> Storm water | <input type="checkbox"/> Other             |

**QUESTIONS TO ASK:**

<b>1. Who is reporting the incident?</b>  What is your phone number?	Name: <u>Jack Kirby</u>  Phone #: <u>575-646-7102</u>
<b>2. Was anyone injured? Has 911 been called?</b> How Many? Are there any symptoms of exposure? Describe . . .	<u>No injuries. No exposures.</u>
<b>3. Where is the incident located?</b>	<u>NMSU Fire Dept. Waste Accumulation Area (SE corner, outside)</u>
<b>4. What is the nature of the incident?</b> Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	<u>Abandoned debris and chemicals</u>
<b>5. Outdoor Spill-can it get into soil or storm water drain?</b>	<input type="checkbox"/> No <u>NA - Not a Spill</u> Yes:
<b>6. Has anyone else been called to respond to the incident?</b>	<u>No, although Deputy Chief Huber was notified.</u>
<b>7. Who will be there to meet safety personnel?</b>	<u>Deputy Chief Huber</u>
<b>8. Have you notified your supervisor?</b> Who is your supervisor?	<u>No. Katrina Doolittle</u>
<b>9. When was the incident discovered?</b> Who discovered it?	<u>4-8-2015 AM by Steve Moates (with EH+S)</u>

**What actions were taken to bring the incident to closure?**

The waste accumulation area is filled with construction debris, un-labeled containers (w/ content), a bio-hazard-labeled container, partially filled gas cans, two drums (2-55 gal; 1-35 gal-empty), and other debris. Fire Department notified, as well as Leo Lucero (project manager for an adjacent construction project). Construction contractor will remove their debris, and Fire Dept. has claimed a couple of items. Remaining will have to be disposed by EH+S.

\* Water heater, sinks, cabinets, open/ripped bags of stucco

6.14 Incident: Bld Name EMF Fire Dept. Bldg.













## **May 6, 2015 Follow-up to an April 8, 2015 Inspection of the NMSU Fire Department Satellite Accumulation Area**

On May 6, 2015, the area was again inspected as a follow-up to the April 8 inspection and findings. The unlabeled containers, the bio-hazard labeled container, partially filled fuel cans, and some construction debris (bags of stucco) have been removed, and the area is generally at a higher level of housekeeping.

There is a new unlabeled and open-topped container (5-gallon plastic bucket) which *appears* to contain rain water and construction debris; the contents of this container should be properly stored or disposed.

EH&S understands that two sink cabinets and a water heater will be re-used as part of the ongoing adjacent remodeling project. However, the cabinets and water heater should be removed from the satellite accumulation area (defined by the brick pavers), and the two fire department drums placed within the area (on the pavers). The cabinets/water heater could be placed on wooden pallets, if needed.

Satellite accumulation areas typically consist of an impermeable base (or floor), and/or secondary containment. This area has neither; the drums sit on concrete pavers, and any spillage or leakage would impact the adjacent soil. EH&S recommends that the Fire Department either have a curbed concrete pad constructed, and/or purchase a secondary containment pallet. For now, the drum containing oily rags for disposal should be placed on the drip pan stored at the satellite accumulation area.







Call Received by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Responder(s): \_\_\_\_\_

## INCIDENT RESPONSE RECORD

<b>Check One (1) Box:</b>	Accident Investigation	Asbestos	Chemical Spills
	IAQ Mold/HVAC	Incident Response	Regulatory Action
	Safety Review	Storm water	Other

**QUESTIONS TO ASK:**

<b>1. Who is reporting the incident?</b>  What is your phone number?	<b>Name:</b>  <b>Phone #:</b>
<b>2. Was anyone injured? Has 911 been called?</b> How Many? Are there any symptoms of exposure? Describe . . .	
<b>3. Where is the incident located?</b>	
<b>4. What is the nature of the incident?</b> Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	
<b>5. Outdoor Spill-can it get into soil or storm water drain?</b>	No Yes:
<b>6. Has anyone else been called to respond to the incident?</b>	
<b>7. Who will be there to meet safety personnel?</b>	
<b>8. Have you notified your supervisor?</b> Who is your supervisor?	
<b>9. When was the incident discovered?</b> Who discovered it?	

**What actions were taken to bring the incident to closure?**

## Jack Kirby

---

**From:** Davis, George <gdavis@ameresco.com>  
**Sent:** Tuesday, November 25, 2014 2:34 PM  
**To:** Alton Looney; Jack Kirby; Lucio Melendez Garcia (lugarcia@nmsu.edu)  
**Cc:** Katrina Doolittle, EH&S (kadoolit@nmsu.edu) (kadoolit@nmsu.edu); David Shearer; Matt Ochoa (dmochoa@nmsu.edu); Timothy Dobson; Dale Harrell; Jose Loera  
**Subject:** RE: illegal dumping (Ameresco - RCI)

Alton,

I have talked with Matt with RTS and he is aware of the situation and is getting it corrected as we speak. I will ask him to let us know what was done to correct the issue.

Thanks,  
George Davis  
817-501-9897

---

**From:** Alton Looney [<mailto:alooney@ad.nmsu.edu>]  
**Sent:** Tuesday, November 25, 2014 3:32 PM  
**To:** Jack Kirby; Davis, George; Lucio Melendez Garcia ([lugarcia@nmsu.edu](mailto:lugarcia@nmsu.edu))  
**Cc:** Katrina Doolittle, EH&S ([kadoolit@nmsu.edu](mailto:kadoolit@nmsu.edu)) ([kadoolit@nmsu.edu](mailto:kadoolit@nmsu.edu)); David Shearer; Matt Ochoa ([dmochoa@nmsu.edu](mailto:dmochoa@nmsu.edu)); Timothy Dobson; Dale Harrell; Jose Loera  
**Subject:** RE: illegal dumping (Ameresco - RCI)

**Jack,** Your guess is correct, it is RCI in conjunction with the Ameresco project. They were only authorized to place their new and excavated material on this site as a temporary arrangement. All other miscellaneous garbage must be removed. All dirt products are to be removed and the area returned to its previous state upon completion of their exterior light pole work.

**George and Lucio,** Please contact RCI to remove all garbage that is not dirt/gravel product, insure all material piles are contained within a minimal area, and monitor the site until project completion.

Should you have questions or need clarification, please don't hesitate to ask.

Thank you.

Alton Looney  
Senior Assistant Director, Project Development and Engineering  
Facilities & Services  
New Mexico State University  
(575) 646-4545  
(575) 646-6432 fax

**ATTENTION:**

*This message and all its attachments may contain information that is CONFIDENTIAL and PRIVILEGED. It is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you received this message in error, please notify the sender by reply e-mail and delete the message immediately.*

 Please consider the environment before printing this email.

---

**From:** Jack Kirby  
**Sent:** Tuesday, November 25, 2014 12:08 PM  
**To:** Alton Looney; Matt Ochoa ([dmochoa@nmsu.edu](mailto:dmochoa@nmsu.edu)); Timothy Dobson; Dale Harrell  
**Cc:** Katrina Doolittle, EH&S ([kadoolit@nmsu.edu](mailto:kadoolit@nmsu.edu)) ([kadoolit@nmsu.edu](mailto:kadoolit@nmsu.edu)); David Shearer; Jack Kirby  
**Subject:** illegal dumping



All – there is illegal dumping happening around 5:00 PM almost every day for the last several days (dirt, concrete, rubbish, wire). The area is just north of the Tortugas Substation, and the contractor is RCI Power and Electric. I do not know if this is project-related, operational, or part of the AMERESCO activities (see the attached photos).

Please let me know to what activity this is related, have the contractor remove the materials, and see that they acquire a roll-off (or some other suitable means) in order to properly dispose of the material. I will be filling out an Incident Response form and need to know when and how this was resolved. Thank you.

Jack

\*\*\*AMERESCO NOTICE\*\*\* If this message is spam click [here](#) to report.

\*\*\*NOTE: This e-mail may contain PRIVILEGED and CONFIDENTIAL information and is intended only for the use of the specific individual(s) to which it is addressed. If you are not an intended recipient of this e-mail, you are hereby notified that any unauthorized use, dissemination or copying of this e-mail or the information contained in it or attached to it is strictly prohibited. If you have received this e-mail in error, please delete it and immediately notify the person named above by reply e-mail. Thank you.\*\*\*





JK  
file

Call Received by: dls Time: 11:15 Date: 05/11/2015 Responder(s): \_\_\_\_\_

dshearer

## INCIDENT RESPONSE RECORD

<b>Check One (1) Box:</b>	<input type="checkbox"/> Accident Investigation	<input type="checkbox"/> Asbestos	<input checked="" type="checkbox"/> Chemical Spills
	<input type="checkbox"/> IAQ Mold/HVAC	<input checked="" type="checkbox"/> Incident Response	<input type="checkbox"/> Regulatory Action
	<input checked="" type="checkbox"/> Safety Review	<input type="checkbox"/> Storm water	<input type="checkbox"/> Other

**QUESTIONS TO ASK:**

<b>1. Who is reporting the incident?</b>  What is your phone number?	<b>Name:</b> Connie kessel(sp?)  <b>Phone #:</b> 512-633-7339
<b>2. Was anyone injured? Has 911 been called?</b> How Many? Are there any symptoms of exposure? Describe . . .	complaint about white material on asphalt in park lot between Kent & Williams Hall
<b>3. Where is the incident located?</b>	lot 11, west of Williams hall
<b>4. What is the nature of the incident?</b> Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	white material spilled on park lot 11 between Kent & Williams Hall
<b>5. Outdoor Spill-can it get into soil or storm water drain?</b>	<input type="checkbox"/> No <b>Yes:</b> yes poss., but not hazardous or petroleum
<b>6. Has anyone else been called to respond to the incident?</b>	no (submitted WO 15-038777 to spray down)
<b>7. Who will be there to meet safety personnel?</b>	na
<b>8. Have you notified your supervisor?</b> Who is your supervisor?	na
<b>9. When was the incident discovered?</b> Who discovered it?	11 am today

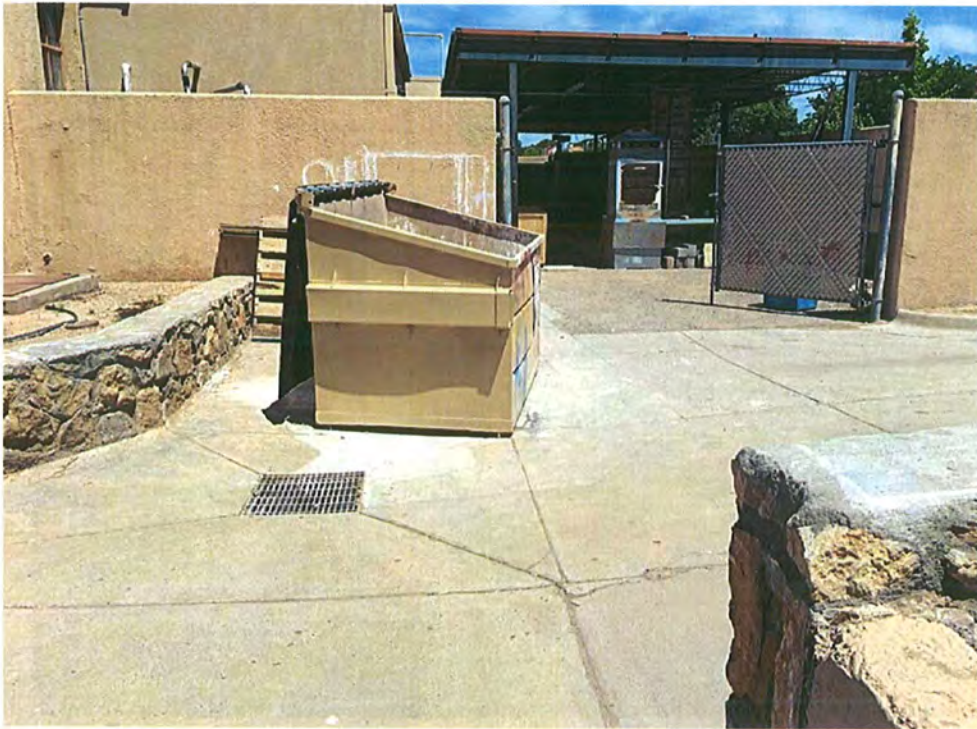
**What actions were taken to bring the incident to closure?**

1. D.Shearer, EHS, visited area 11:30am, check material (white powder), photographed, checked for source.
2. I found the white spill spread across parking lot from east side at Williams Hall north eastward to near University Ave (photos). The spill terminates in lot and did not go to storm drain or to University ave. Spill has dried to white powder.
3. Traced spill back to source via drain line to the dumpster (photo) at by-pass collector drain by ceramics on east side Williams hall (photo). Jessica Edgar ceramic faculty was not in, but I spoke with Grad student and Adam Labe regarding spill. We discuss recent cleanup of ceramic area (Sunday) which involved the disposal of casting plaster slob bucket ~30 gal dilute gypsum plaster.
4. The MSDS for casting plaster (attached) indicates the powder is CaSO4 which is the mineral gypsum. This is similar content as gypsum forming the white sands dunes at White Sands National Monument.
5. Left card for faculty and submitted WO (attached) to disperse material.
6. Jessica Edgar ceramic faculty sent description of disposal SOP and apology for spill/bother (attached)





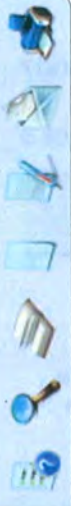












## Customer Request

View:

Transaction	<b>192295</b>
Created By	DSHEARER
Date Created	May 11, 2015 01:22 PM

Status	SUBMITTED
--------	-----------

<b>Request Details</b>	
Common Problem List	
Description	ASAP WASH WHITE PLASTER SPILL RESIDUE FROM CERAMICS,ART DEPT. EXTENTS ON ASPHALT FROM WILLIAMS HALL ACROSS LOT 11. MATERIAL IS DRIED GYPSUM PLASTER, NOT HAZARDOUS. EYESORE & HAVE COMPLAINT CALLS. SPRAY WITH WATER TO WASH/DILUTE. CALL IF QUESTIONS

<b>Work Order</b>	
Desired Date	May 11, 2015
Reference	

<b>Requestor</b>	
Organization	F00441 FS ENVIRONMENTAL HEALTH
Requestor	FS ENVIRONMENTAL HEALTH S
Contact	DAVID SHEARER
Contact Phone	646-3327
Contact Email	dshearer@nmsu.edu

<b>Accounts</b>	
Index	0 - SHOP CHARGE - I&G
Acct Code	758500
	PPD SERVICES

<b>Location</b>	
University	<u>NMSU</u> NEW MEXICO STATE UNIVERSITY
Campus	<u>LAS CRUCES</u> LAS CRUCES
Property	<u>60</u> DAN W. WILLIAMS HALL
Location or Room	<u>OSD</u>

*This page was intentionally left blank*

# Storm Water Incident Response

Use this form document New Mexico State University's response to reports of discharges to the storm water system



Report Received (date/time): \_\_\_\_\_

Initial Response (date/time): \_\_\_\_\_

Resolution (date/time): \_\_\_\_\_

**ENVIRONMENTAL,  
HEALTH & SAFETY**

**Type of discharge (e.g. irrigation, motor vehicle fluids, solid waste, etc.)**

**Source of the discharge**

Is this discharge:       ALLOWABLE <sup>(1)</sup>      or       ILLICIT <sup>(2)</sup> ?

*(1) Per section 3.3.1 of the SWMP*

*(2) Any discharge to the MS4 not composed entirely of storm water*

**Was the discharge stopped and remediated (if necessary)? Provide details.**

**Enforcement action (e.g. verbal or written warning, violation notice, citation)**

**Attach photos of the discharge to this response form (can be either hard copy or digital).**

## Jack Kirby

---

**From:** Heidi Frohnapfel  
**Sent:** Tuesday, September 30, 2014 2:53 PM  
**To:** Tim Coughenour (tcoughenour@bradburystamm.com)  
**Cc:** Dan Lyons (DLyons@bradburystamm.com); Jose Loera; Jack Kirby; Ronald Tarazoff  
**Subject:** AiM 2040 - ULC - SWPPP Violation  
**Attachments:** 093014 SWPPP Report - hf.pdf

**Importance:** High

**Categories:** JK ACTION REQUIRED!

Tim,

Per our earlier conversation, please change out the Concrete Wash-out container for a **leak-proof** Wash-out container. All sediment that has leaked out onto the pavement will need cleaned-up. See attached report.

Thank you for your attention to this matter and thank you for addressing the Vehicle Tracking Control with rip-rap at the site entry/exit.

If you have any questions or concerns, please call.

Heidi

Heidi M. Frohnapfel, AIA, LEED AP • Project Manager • **New Mexico State University** • Facilities and Services • Mail Stop Code 3545 • P.O. Box 30001 • Las Cruces • NM 88003-8001  
☎ 575-646-2327 ✉ [heidifro@nmsu.edu](mailto:heidifro@nmsu.edu)



Call Received by: <sup>(Call</sup> NA Jack Kirby Time: 2:29 PM Date: 11/4/2014 Responder(s): Jack Kirby

## INCIDENT RESPONSE RECORD

Check One (1) Box:  Accident Investigation  Asbestos  Chemical Spills  
 IAQ Mold/HVAC  Incident Response  Regulatory Action  
 Safety Review  Storm water  Other

**QUESTIONS TO ASK:**

<b>1. Who is reporting the incident?</b>  What is your phone number?	Name: <u>Jack Kirby</u>  Phone #: <u>575-646-7102</u>
<b>2. Was anyone injured? Has 911 been called?</b> How Many? Are there any symptoms of exposure? Describe ...	No injuries or exposure. No 911 call.
<b>3. Where is the incident located?</b>	SE corner of Triviz + Wells
<b>4. What is the nature of the incident?</b> Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	Erosion from the I-25 embankment is being deposited into NMSU's MS4 by storm water
<b>5. Outdoor Spill-can it get into soil or storm water drain?</b>	<input type="checkbox"/> No Yes: <u>yes - sediments</u>
<b>6. Has anyone else been called to respond to the incident?</b>	No
<b>7. Who will be there to meet safety personnel?</b>	NA
<b>8. Have you notified your supervisor?</b> Who is your supervisor?	No
<b>9. When was the incident discovered?</b> Who discovered it?	11/3/2014 Jack Kirby

**What actions were taken to bring the incident to closure?**

See attached pages for NMSU notification to the New Mexico DOT. On 11/20/2014, NMSU and NM DOT personnel met at the subject site. Resolution: NM DOT will install a head wall and flow control (likely a flow spreader) during the 2014-15 maintenance season (prior to March 2015). This will remedy the excessive sediment load into NMSU's MS4.



**Jack Kirby**

---

**From:** Jack Kirby  
**Sent:** Tuesday, November 04, 2014 2:29 PM  
**To:** trent.doolittle@state.nm.us  
**Cc:** Jack Kirby  
**Subject:** NMSU - MS4 permit - Maintenance Request  
**Attachments:** IMG\_2305.jpg

**Categories:** JK ACTION REQUIRED!

Mr. Doolittle

It was not clear to me whom administers the MS4 permit for NMDOT District 1, so I thought I would start with you; please forward this email, as needed. I administer the MS4 (storm water) permit for NMSU in Las Cruces and have run across a situation requiring attention.

Based on the attached picture (taken at the south east corner of Triviz and Wells, looking southeast towards I-25) and the location map pasted below, you can see that runoff from I-25 (near the Wells St. overpass) is eroding the adjacent embankment and washing an inordinate amount of sediments into the NMSU MS4 system. As you know, this creates an avoidable maintenance item. I believe the area in question is maintained by NMDOT, and would like to discuss a remedy with the appropriate person. Thank you.

Jack Kirby, PE

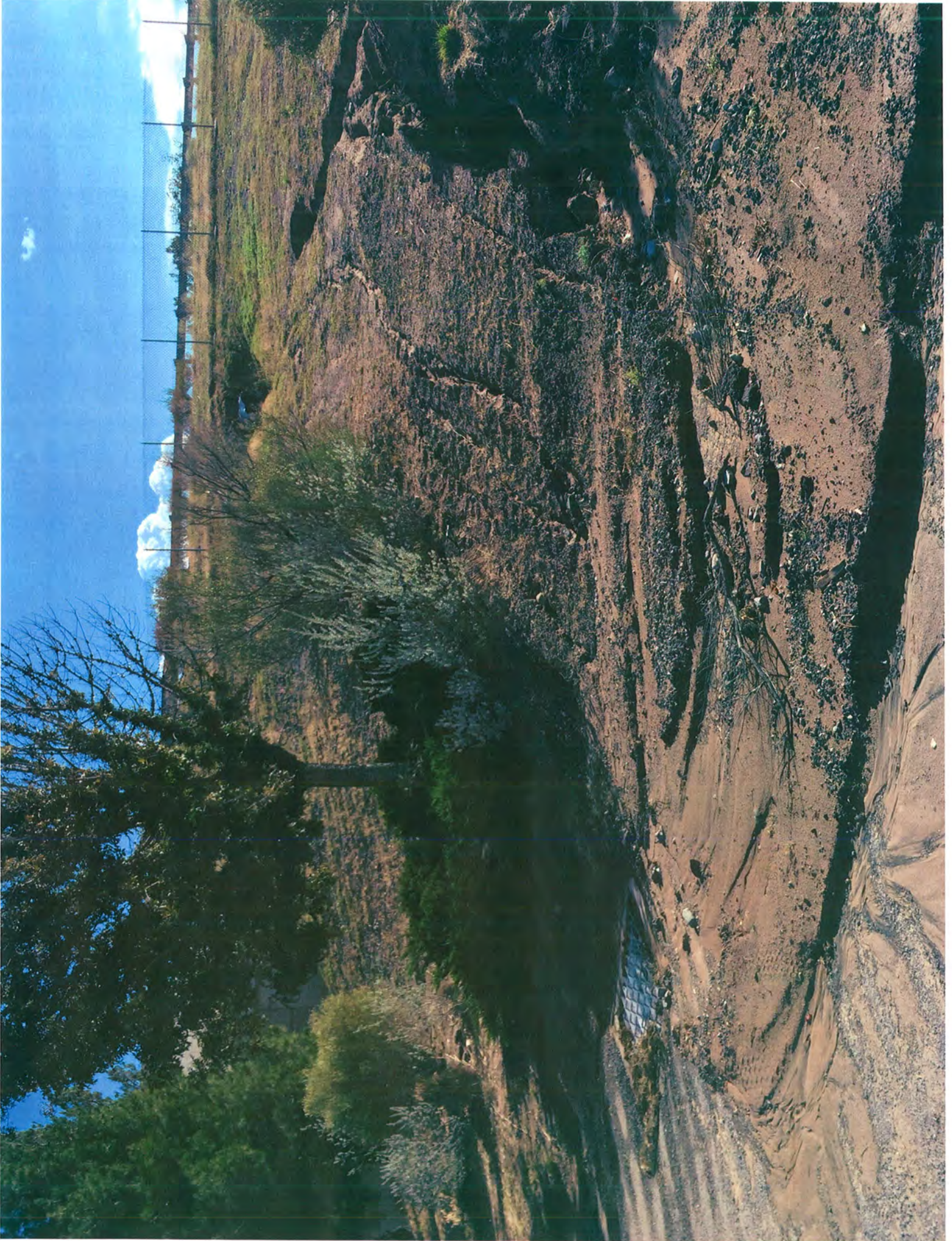
**Assistant Director, Environmental Health & Safety  
Facilities and Services  
New Mexico State University**

office: 575-646-7102  
cell: 575-520-0651  
email: [jf Kirby@ad.nmsu.edu](mailto:jf Kirby@ad.nmsu.edu)

**ATTENTION:**

*This message and all its attachments may contain information that is CONFIDENTIAL and PRIVILEGED. It is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you received this message in error, please notify the sender by reply e-mail and delete the message immediately.*

Please consider the environment before printing this email.



# Storm Water Incident Response

Use this form document New Mexico State University's response to reports of discharges to the storm water system



Report Received (date/time): \_\_\_\_\_

Initial Response (date/time): \_\_\_\_\_

Resolution (date/time): \_\_\_\_\_

**ENVIRONMENTAL,  
HEALTH & SAFETY**

**Type of discharge (e.g. irrigation, motor vehicle fluids, solid waste, etc.)**

**Source of the discharge**

Is this discharge:       ALLOWABLE <sup>(1)</sup>      or       ILLICIT <sup>(2)</sup> ?

*(1) Per section 3.3.1 of the SWMP*

*(2) Any discharge to the MS4 not composed entirely of storm water*

**Was the discharge stopped and remediated (if necessary)? Provide details.**

**Enforcement action (e.g. verbal or written warning, violation notice, citation)**

**Attach photos of the discharge to this response form (can be either hard copy or digital).**

## Jack Kirby

---

**From:** Jack Kirby  
**Sent:** Friday, October 03, 2014 3:56 PM  
**To:** Peter Bennett  
**Cc:** Daniel Hermosillo; Jose Loera; Lucio Garcia; Jack Kirby  
**Subject:** RE: Construction SWPPP violation - Final email  
**Attachments:** IMG\_2223.jpg; IMG\_2224.jpg; IMG\_2225.jpg

**Categories:** JK ACTION REQUIRED!

I have attached photos of the controls installed earlier today.

---

**From:** Jack Kirby  
**Sent:** Friday, October 03, 2014 9:19 AM  
**To:** Peter Bennett  
**Cc:** Daniel Hermosillo; Jose Loera; Lucio Garcia; Jack Kirby  
**Subject:** RE: Construction SWPPP violation

Peter/Daniel: please see attached for a few photos related to this issue. Our contractor has been notified in writing and is installing silt fencing and waddles on the upstream side of the retention pond to be completed prior to days end. As you likely know, the Sam Steele Pond does not discharge into the Park Drain until the water level reaches a specific elevation...fortunately we are ~10 feet below that elevation right now (and we only reach it once or twice a year in significant precipitation events).

I foresee one last email today from NMSU to the CLC notifying you when our contractor has completed installation of the aforementioned controls. NMSU appreciates you bringing this to our attention...is anything else needed by the CLC relative to this issue? Thanks.

Jack

---

**From:** Jack Kirby  
**Sent:** Friday, October 03, 2014 8:24 AM  
**To:** Peter Bennett  
**Cc:** Daniel Hermosillo; Jose Loera; Lucio Garcia; Jack Kirby  
**Subject:** RE: Construction SWPPP violation

Peter – the project manager, Lucio Garcia, is currently out of town; his supervisor, Jose Loera, is working with me on this issue (both are cc'd). The source of water is from a water line breakage upstream of the project site (at the corner of Sam Steele and Wells St.). Jose Loera is currently on the job site with the contractor to ensure the proper perimeter controls are in place...he will be taking pictures and summarizing actions taken as soon as he returns to his office.

NMSU will be sending you an email summary of actions taken later this morning.

---

**From:** Jack Kirby  
**Sent:** Friday, October 03, 2014 7:57 AM  
**To:** Peter Bennett; Jack Kirby  
**Cc:** Daniel Hermosillo; Jack Kirby  
**Subject:** RE: Construction SWPPP violation

Peter – that project is being managed out of the NMSU Project Development and Engineering group, however, as SWMP Coordinator, I am your best point of contact. I will contact the project manager right after this email, review the SWPPP and be back in touch asap. Thanks.

Jack Kirby

**Assistant Director, Environmental Health & Safety  
Facilities and Services  
New Mexico State University**

office: 575-646-7102  
cell: 575-520-0651  
email: [jf Kirby@ad.nmsu.edu](mailto:jf Kirby@ad.nmsu.edu)

**ATTENTION:**

*This message and all its attachments may contain information that is CONFIDENTIAL and PRIVILEGED. It is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you received this message in error, please notify the sender by reply e-mail and delete the message immediately.*

 Please consider the environment before printing this email.

---

**From:** Peter Bennett [<mailto:pbennett@las-cruces.org>]  
**Sent:** Friday, October 03, 2014 7:46 AM  
**To:** Jack Kirby  
**Cc:** Daniel Hermosillo  
**Subject:** Construction SWPPP violation

Jack,

I noticed that a construction crew working on Sam Steele Way, by the DBCC has been discharging into the detention pond. I believe this pond outfalls to the Park Drain via our system. The Park drain outfalls to the Rio Grande, eventually. Do you know who to contact to look at the SWPPP regarding gaining compliance?

I copied our Environmental Compliance Officer, Daniel Hermisillo to keep him in the loop.

Thanks,



**Peter Bennett (CFM, CMS4S)**  
City of Las Cruces  
Public Works/Project Development  
575-528-3075  
[pbennett@las-cruces.org](mailto:pbennett@las-cruces.org)









Call Received by: dls Time: 1pm Date: 3/27/15 Responder(s): D.Shearer. E.Trouchet

*(Handwritten initials)*

J.Kirby,

## INCIDENT RESPONSE RECORD

- Check One (1) Box:**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accident Investigation   | <input type="checkbox"/> Asbestos               | <input type="checkbox"/> Chemical Spills   |
| <input type="checkbox"/> IAQ Mold/HVAC            | <input type="checkbox"/> Incident Response      | <input type="checkbox"/> Regulatory Action |
| <input checked="" type="checkbox"/> Safety Review | <input checked="" type="checkbox"/> Storm water | <input type="checkbox"/> Other             |

**QUESTIONS TO ASK:**

<b>1. Who is reporting the incident?</b>  What is your phone number?	<b>Name:</b> E.Trouchet  <b>Phone #:</b>
<b>2. Was anyone injured? Has 911 been called?</b> How Many? Are there any symptoms of exposure? Describe . . .	NA
<b>3. Where is the incident located?</b>	Corbett
<b>4. What is the nature of the incident?</b> Person injured, feeling ill Spill or Abandoned Chemicals Odor, Smell Mold, asbestos, lead concerns	potential release to drain, from construction equipment in the Sodexo area, along the south side of Corbett
<b>5. Outdoor Spill-can it get into soil or storm water drain?</b>	<input type="checkbox"/> No <b>Yes:</b> corbett drains
<b>6. Has anyone else been called to respond to the incident?</b>	NA
<b>7. Who will be there to meet safety personnel?</b>	NA
<b>8. Have you notified your supervisor?</b> Who is your supervisor?	NA
<b>9. When was the incident discovered?</b> Who discovered it?	NA

**What actions were taken to bring the incident to closure?**

1. Reviewed photos of south side of Corbett,taken by Everardo Trochet took 3/26/15. Photo shows the general setup and photo 3, 6 & 7 show oil and some chemical slurry, which could go to drains in the lot. (see attached photos in 3/27 email)
2. Contacted Alton Looney and then Alejandro Flores, [646-6291, cell 334-750-6547] FS PM for the work. He indicated that he would contact the contractor for the work and follow up.
3. Provide info to Jack Kirby, EHS (attached 3/27 email)
4. Wooten construction indicated that they would correct the issue with subcontractor and ensure it is not repeated (attached 3/30 email).

## David Shearer

---

**From:** David Shearer  
**Sent:** Friday, March 27, 2015 3:41 PM  
**To:** Jack Kirby  
**Cc:** Katrina Doolittle (kadoolit@ad.nmsu.edu); Alejandro Flores; Everardo Trochet (etrochet@nmsu.edu)  
**Subject:** SPCC concern of Corbett construction

Jack

Here are some photos of the construction equipment in the Sodexo area, along the south side of Corbett. Everardo took the photos yesterday and brought them to my attention this afternoon. Photo 2 shows the general setup and photo 3, 6 & 7 show oil and some chemical slurry, which could go to drains in the lot.

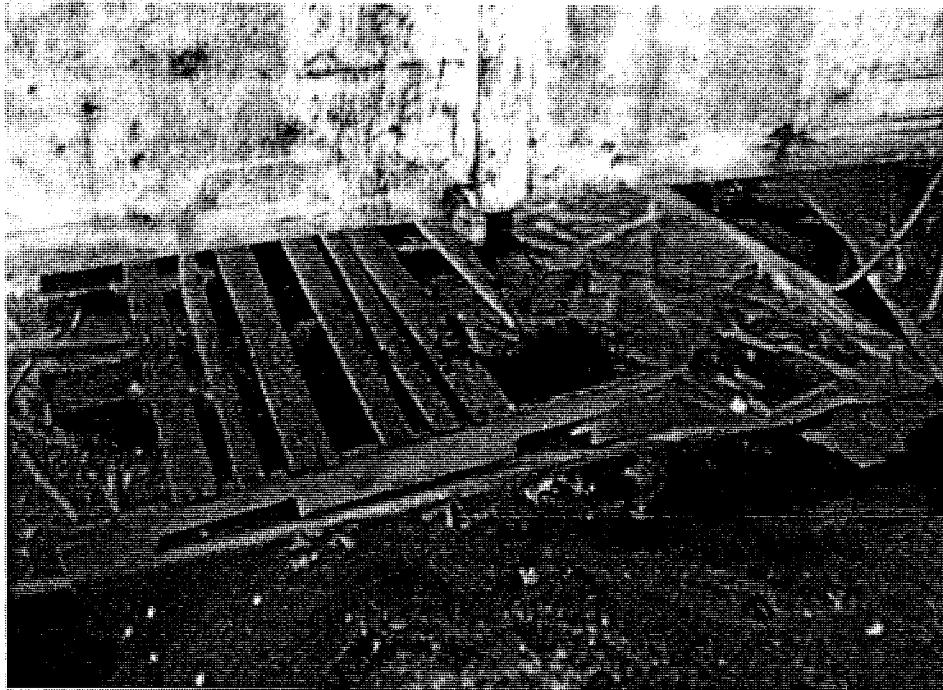
I haven't had a chance to check but talked with Alejandro Flores, FS PM, [646-6291, cell 334-750-6547] and am copying him on this email. He indicated that he would check on the area.

This observations were made yesterday March 25 during the day and at the end of it:

There is a crew of workers at Corbett Center working on the roof. I believe they are placing some sort of slurry that is been pumped by a big mixer into the roof elevation and situated in the south side of the building.

The pictures include oil from the machines been used, waste contaminated water, and other unidentified chemicals are running on the asphalt and entering the drains in that lot. Is this legal?

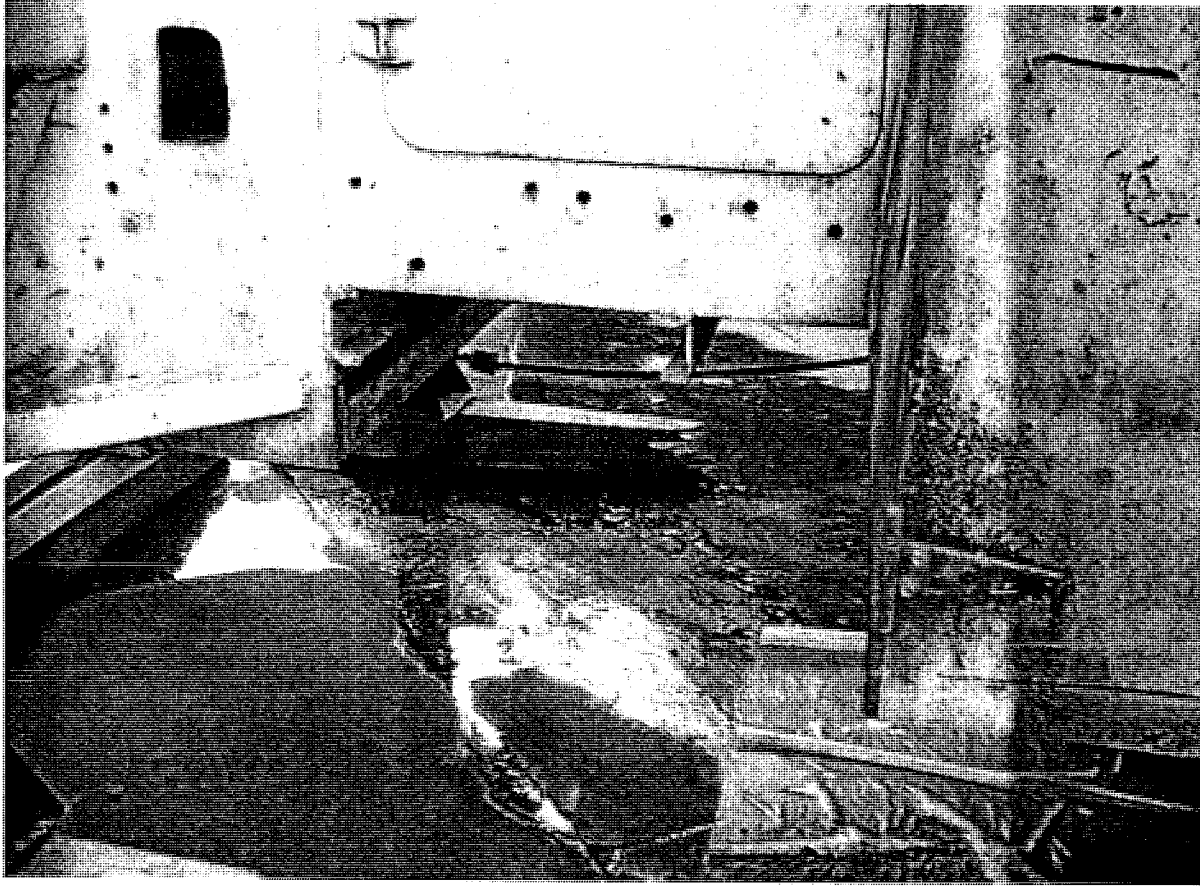
March 26, Corbett, photo 1



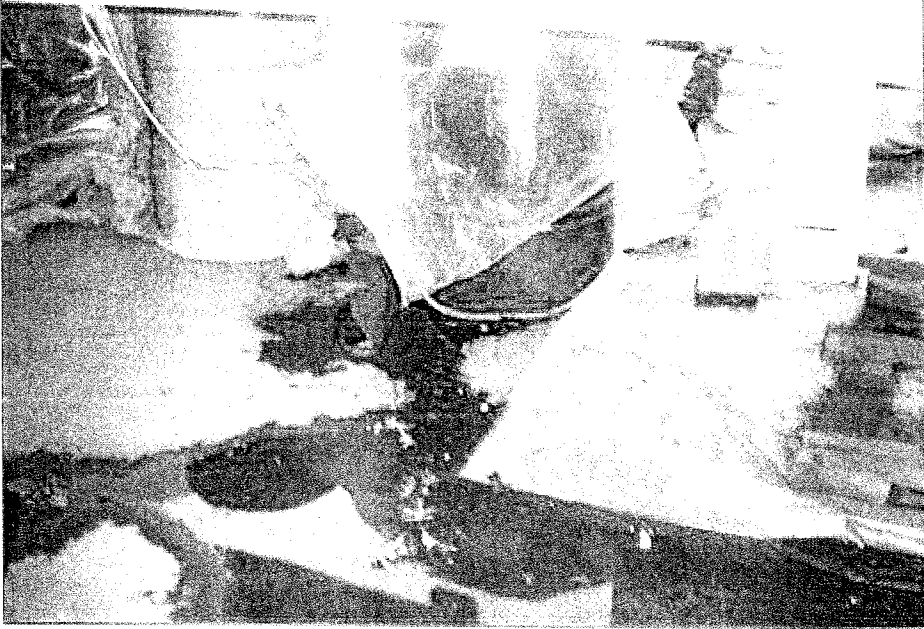
March 26, Corbett, photo 2



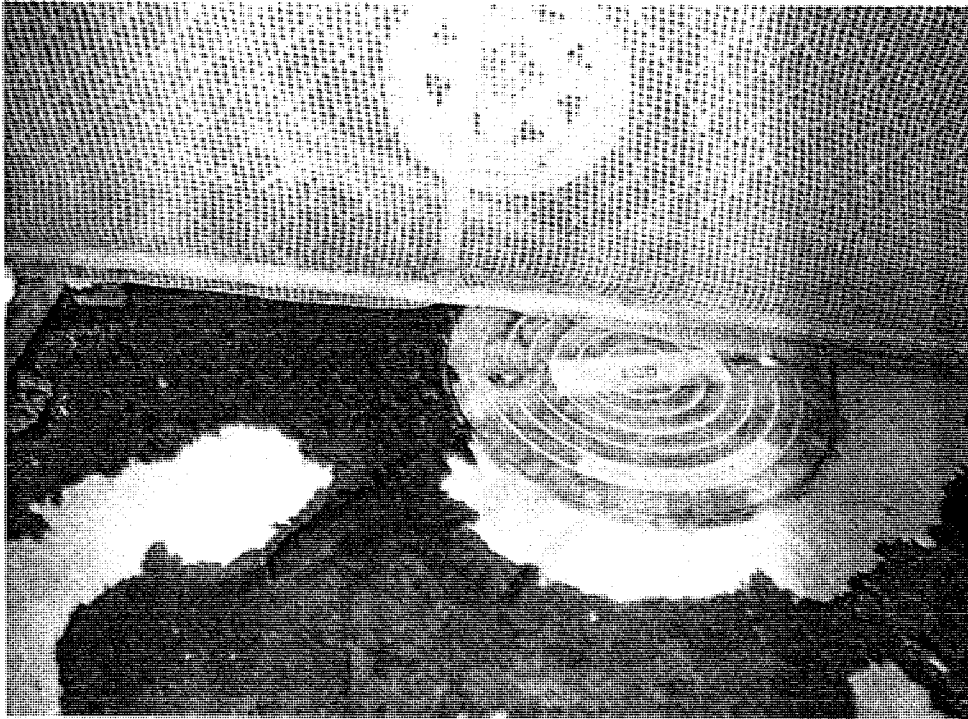
March 26, Corbett, photo 3



March 26, Corbett, photo 4



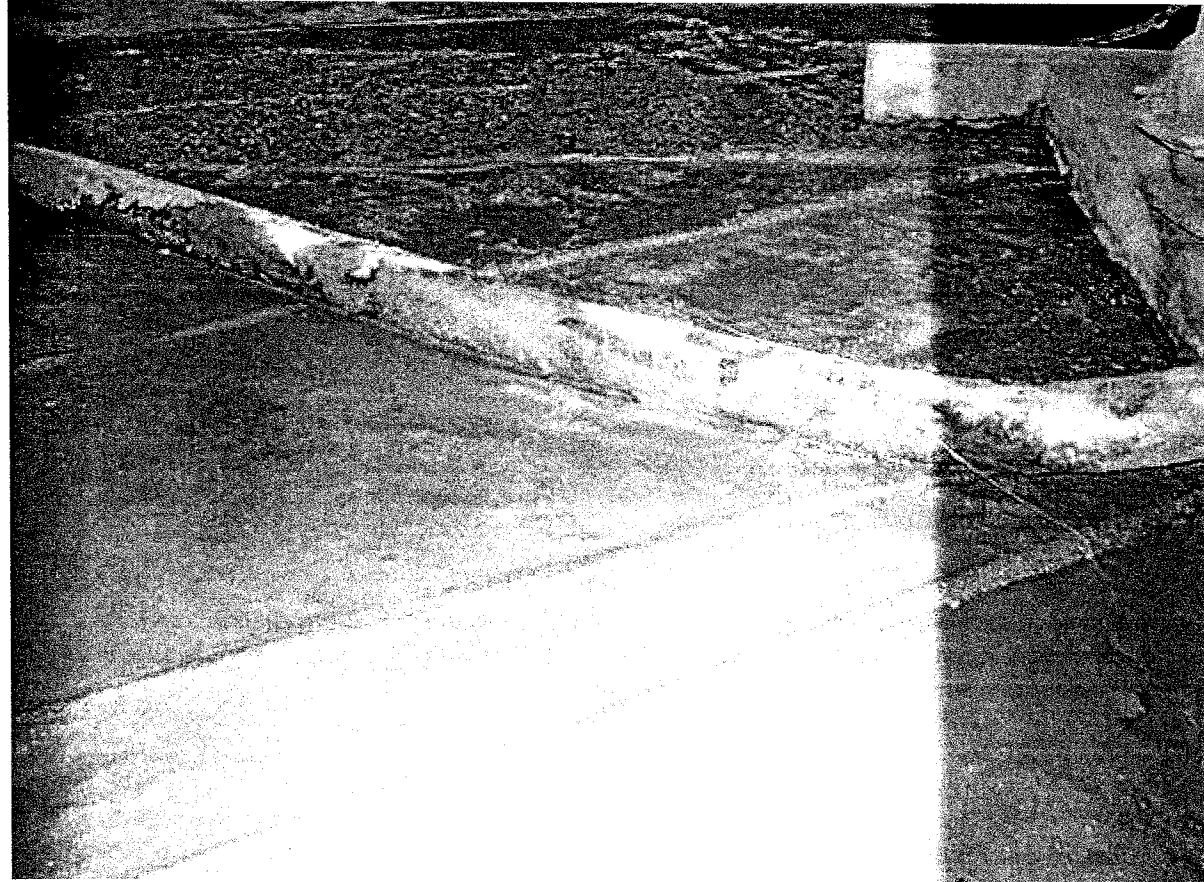
March 26, Corbett, photo 5



March 26, Corbett, photo 6



March 26, Corbett, photo 7



David Corbett, resident supervisor,  
NMSU's Environmental Health and Safety Center

## David Shearer

---

**From:** Ken Wooten <ken@wootenconst.com>  
**Sent:** Monday, March 30, 2015 10:41 AM  
**To:** Alejandro Flores  
**Cc:** Kerry Smith; David Shearer; Jack Kirby; Andy Taylor; Ty Perry; Jesse Duarte  
**Subject:** RE: SPCC concern of Corbett construction

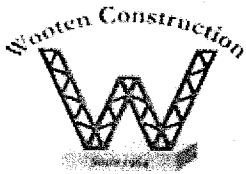
Mr. Flores,

I have spoken to my superintendent, Kerry Smith, and he is addressing the issues shown in the photos with our lightweight concrete subcontractor. We will provide photos of the BMP's installed to address all issues shown in the photos.

Thank you,

Ken

*Ken Wooten  
PO Box 1839  
1851 Copper Loop  
Las Cruces, NM 88004  
575-526-5581 (Pl) 575-523-5069 (Fax)*



**From:** Alejandro Flores [<mailto:afloresm@ad.nmsu.edu>]  
**Sent:** Friday, March 27, 2015 4:11 PM  
**To:** Ken Wooten  
**Cc:** Kerry Smith; David Shearer; Jack Kirby  
**Subject:** FW: SPCC concern of Corbett construction  
**Importance:** High

Please see pictures below and address this area as soon as possible to include clean up. Make sure all drains are protected from any oil and chemical slurry. We (EH&S and myself) will continue to monitor this area to make sure your roof contractor is taking necessary precautions to contain hazardous construction materials.

Best Regards,

Alejandro "Alex" Flores  
Project Manager, Project Development & Engineering  
Facilities & Services  
**New Mexico State University**  
(575) 646-6291 Office  
(334) 750-6547 Mobile



Envir. Health & Safety  
 1620 Standley Dr., Acad. Research C,  
 MSC3578, Box 30001,  
 New Mexico State University,  
 575-646-3327 / 646-7898 FAX

# CHEMICAL SPILL REPORT

Please complete & send/fax to the NMSU Environmental Health & Safety  
 (Questions: please call EH&S 575-646-3327)

*To be completed by the Chemical Hygiene Officer (CHO), Building Monitor or designee immediately following all chemical spill response activities. Please print.*

DATE OF SPILL: 9/11/2014 TIME: 3:00pm DEPARTMENT: EH&S

BUILDING: Spill of oil in street ROOM #: N/A

SPILL LOCATION (be specific): Corner of Wells Street and Research Drive in street in front of NMSU Fire Department.

WAS THERE A RELEASE TO SEWER?: No

MATERIAL SPILLED: Capacitor w/ oil AMOUNT SPILLED: <1gallon

CHO / BM / CONTACT: Michael Lucero / Luis Morales TELEPHONE #: 646-5036

SPILL RESPONSE ACTIONS TAKEN: Received call at 3pm of a capacitor that leaked oil spilled in street. Arrived on scene by 3:03pm. Assesed scene for danger, and set perimeter around spill site. Applied oil dry absorbent to oil and allowed to saturate absorbent. Absorbent was then collected and micro blaze was sprayed on residual oil spill area

RECOMMENDATIONS REGARDING SPILL CLEANUP EFFORTS: Spill procedures were follwed according to EH&S policies and procedures.

Director/Dept Head Signature \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by the NMSU Environmental Health & Safety (or designee if remote facility)*

ANALYSIS OF SPILL RESPONSE: Spill was handled in a timely manner resolving the issue.

Yes SUCCESSFUL SPILL RESPONSE \_\_\_\_\_ UNSUCCESSFUL SPILL RESPONSE

ACTIONS TO BE IMPLEMENTED TO IMPROVE FUTURE SPILL RESPONSE ACTIVITIES: \_\_\_\_\_

Capacitor may have fallen off a working truck during transport. Would advise any FS crew to secure their equipment and parts to their vehicle during transport to avoid any traffic hazards.

EH&S Safety Officer Signature Michael Lucero Date: 9/11/2014

*This page was intentionally left blank*



# NM033 (added to list January 2015)



Southwest of the Arrowhead Dr. and Wells St. intersection, looking east. Outfall is the black poly pipe (left side of picture). It discharges runoff from the Aggie Memorial Stadium, and is conveyed through a storm sewer along the NE and eastern side of the stadium.

## **NM034**(added to list **January 2015**)



Location is West of the Pan American Center between NM014/15 and NM016. Outfall was added during Pan Am roofing remodel. The outfall discharges runoff from the roof of the Pan American Center and discharges into College Arroyo. The discharge outlets from the roof to outfall are above ground and located on outside West wall.



Outfall Inspection Log

Outfall Number	Date	Time	Inspector Name(s)	Last Rain Occurred	Flow	Sheen	Foam
NM003	Sept. 19, 2014	1425	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM003	Jan. 20, 2015	1400	M. Lucero	More than 3 Days	none	none	NA
NM003	April 29, 2015	1400	M.Lucero	More than 3 Days	none	none	NA
NM003							
NM003							
NM004	Sept. 19, 2014	1427	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM004	Jan. 20, 2015	1402	M. Lucero	More than 3 Days	none	none	NA
NM004	April 29, 2015	1402	M. Lucero	More than 3 Days	none	none	NA
NM004							
NM004							
NM006	Sept. 19, 2014	1435	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM006	Jan. 20, 2015	1404	M. Lucero	More than 3 Days	none	none	NA
NM006	April 29, 2015	1404	M. Lucero	More than 3 Days	none	none	NA
NM006							
NM006							
NM007	Sept. 19, 2014	1437	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM007	Jan. 20, 2015	1408	M. Lucero	More than 3 Days	none	none	NA
NM007	April 29, 2015	1408	M. Lucero	More than 3 Days	none	none	NA
NM007							
NM007							
NM008	Sept. 19, 2014	1435	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM008	Jan. 20, 2015	1410	M. Lucero	More than 3 Days	none	none	NA
NM008	April 29, 2015	1410	M.Lucero	More than 3 Days	none	none	NA
NM008							
NM008							
NM009	Sept. 19, 2014	1409	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM009	Jan. 20, 2015	1412	M. Lucero	More than 3 Days	none	none	NA

NM009	April 29, 2015	1412	M. Lucero	More than 3 Days	none	none	NA
NM009							
NM009							
NM010	Sept. 19, 2014	1412	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM010	Jan. 20, 2015	1414	M. Lucero	More than 3 Days	none	none	NA
NM010	April 29, 2015	1414	M. Lucero	More than 3 Days	none	none	NA
NM010							
NM010							
NM011	Sept. 19, 2014	1413	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM011	Jan. 20, 2015	1416	M. Lucero	More than 3 Days	none	none	NA
NM011	April 29, 2015	1416	M. Lucero	More than 3 Days	none	none	NA
NM011							
NM011							
NM012	Sept. 19, 2014	1414	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM012	Jan. 20, 2015	1418	M. Lucero	More than 3 Days	none	none	NA
NM012	April 29, 2015	1418	M. Lucero	More than 3 Days	none	none	NA
NM012							
NM012							
NM013	Sept. 19, 2014	1415	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM013	Jan. 20, 2015	1420	M. Lucero	More than 3 Days	none	none	NA
NM013	April 29, 2015	1420	M. Lucero	More than 3 Days	none	none	NA
NM013							
NM013							
NM014	Sept. 19, 2014	1416	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM014	Jan. 20, 2015	1422	M. Lucero	More than 3 Days	none	none	NA
NM014	April 29, 2015	1422	M. Lucero	More than 3 Days	none	none	NA
NM014							
NM014							
NM015	Sept. 19, 2014	1417	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM015	Jan. 20, 2015	1424	M. Lucero	More than 3 Days	none	none	NA
NM015	April 29, 2015	1424	M. Lucero	More than 3 Days	none	none	NA
NM015							
NM015							
NM016	Sept. 19, 2014	1417	M. Lucero/J. Kirby	<24 hours	none	none	NA

NM016	Jan. 20, 2015	1426	M. Lucero	More than 3 Days	none	none	NA
NM016	April 29, 2015	1426	M. Lucero	More than 3 Days	none	none	NA
NM016							
NM016							
NM017	Sept. 19, 2014	1418	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM017	Jan. 20, 2015	1428	M. Lucero	More than 3 Days	none	none	NA
NM017	April 29, 2015	1428	M. Lucero	More than 3 Days	none	none	NA
NM017							
NM017							
NM018	Sept. 19, 2014	1418	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM018	Jan. 20, 2015	1430	M. Lucero	More than 3 Days	none	none	NA
NM018	April 29, 2015	1430	M. Lucero	More than 3 Days	none	none	NA
NM018							
NM018							
NM019	Sept. 19, 2014	1420	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM019	Jan. 20, 2015	1432	M. Lucero	More than 3 Days	none	none	NA
NM019	April 29, 2015	1432	M. Lucero	More than 3 Days	none	none	NA
NM019							
NM019							
NM020	Sept. 19, 2014	1422	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM020	Jan. 20, 2015	1434	M. Lucero	More than 3 Days	none	none	NA
NM020	April 29, 2015	1434	M. Lucero	More than 3 Days	none	none	NA
NM020							
NM020							
NM021	Sept. 19, 2014	1423	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM021	Jan. 20, 2015	1436	M. Lucero	More than 3 Days	none	none	NA
NM021	April 29, 2015	1436	M. Lucero	More than 3 Days	none	none	NA
NM021							
NM021							
NM022	Sept. 19, 2014	1423	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM022	Jan. 20, 2015	1440	M. Lucero	More than 3 Days	none	none	NA
NM022	April 29, 2015	1440	M. Lucero	More than 3 Days	none	none	NA
NM022							
NM022							

NM023	Sept. 19, 2014	1424	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM023	Jan. 20, 2015	1442	M. Lucero	More than 3 Days	none	none	NA
NM023	April 29, 2015	1442	M. Lucero	More than 3 Days	none	none	NA
NM023							
NM023							
NM024	Sept. 19, 2014	1425	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM024	Jan. 20, 2015	1444	M. Lucero	More than 3 Days	none	none	NA
NM024	April 29, 2015	1444	M. Lucero	More than 3 Days	none	none	NA
NM024							
NM024							
NM025	Sept. 19, 2014	1426	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM025	Jan. 20, 2015	1446	M. Lucero	More than 3 Days	none	none	NA
NM025	April 29, 2015	1446	M. Lucero	More than 3 Days	none	none	NA
NM025							
NM025							
NM026	Sept. 19, 2014	1430	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM026	Jan. 20, 2015	1448	M. Lucero	More than 3 Days	none	none	NA
NM026	April 29, 2015	1448	M. Lucero	More than 3 Days	none	none	NA
NM026							
NM026							
NM027	Sept. 19, 2014	1452	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM027	Jan. 20, 2015	1450	M. Lucero	More than 3 Days	none	none	NA
NM027	April 29, 2015	1450	M. Lucero	More than 3 Days	none	none	NA
NM027							
NM027							
NM028	Sept. 19, 2014	1451	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM028	Jan. 20, 2015	1452	M. Lucero	More than 3 Days	none	none	NA
NM028	April 29, 2015	1452	M. Lucero	More than 3 Days	none	none	NA
NM028							
NM028							
NM029	Sept. 19, 2014	1450	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM029	Jan. 20, 2015	1454	M. Lucero	More than 3 Days	none	none	NA
NM029	April 29, 2015	1454	M. Lucero	More than 3 Days	none	none	NA
NM029							
NM029							

NM030	Sept. 19, 2014	1442	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM030	Jan. 20, 2015	1456	M. Lucero	More than 3 Days	none	none	NA
NM030	April 29, 2015	1456	M. Lucero	More than 3 Days	none	none	NA
NM030							
NM030							
NM031	Sept. 19, 2014	1443	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM031	Jan. 20, 2015	1458	M. Lucero	More than 3 Days	none	none	NA
NM031	April 29, 2015	1458	M. Lucero	More than 3 Days	none	none	NA
NM031							
NM031							
NM032	Sept. 19, 2014	1400	M. Lucero/J. Kirby	<24 hours	none	none	NA
NM032	Jan. 20, 2015	1500	M. Lucero	More than 3 Days	none	none	NA
NM032	April 29, 2015	1500	M. Lucero	More than 3 Days	none	none	NA
NM032							
NM032							
NM033	Jan. 20, 2015	1502	M. Lucero	More than 3 Days	none	none	NA
NM033	April 29, 2015	1502	M. Lucero	More than 3 Days	none	none	NA
NM033							
NM033							
NM033							
NM034	Jan. 20, 2015	1504	M. Lucero	More than 3 Days	none	none	NA
NM034	April 29, 2015	1504	M. Lucero	More than 3 Days	none	none	NA
NM034							
NM034							
NM034							

# July 1, 2014 - June 30, 2015 NMSU Outfall Inspection Log

Color	Floating Solids	Odor	Susp'd Solids	Flow Direction	Origin of Flow	Illicit Discharge (Yes or No)	Type of Illicit Discharge	Allowable Discharge (Yes or No)
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	NA	NA	NA	NA	No	NA	No
NA	NA	NA	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	Yes
NA	NA	none	NA	NA	NA	No	NA	Yes
NA	NA	none	NA	NA	NA	No	NA	Yes
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No



NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	Na	No
NA	NA	none	NA	NA	NA	No	Na	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No

NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No

NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	n	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No
NA	NA	none	NA	NA	NA	No	NA	No

<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>
<b>NA</b>	NA	<b>none</b>	NA	<b>NA</b>	NA	<b>No</b>	NA	<b>No</b>

Type of Allowable Discharge	Cleaning Needed (Yes or No)	Illegal Dumping (Yes or No)	Comments
NA	No	No	
NA	No	No	
NA	No	No	
NA	Yes	No	Outfall is ineffective, and should be redesigned/replaced.
NA	Yes	No	Outfall is ineffective, and should be redesigned/replaced.
NA	Yes	No	Outfall is ineffective, and should be redesigned/replaced.
NA	No	No	Sediments starting to accumulate; cleaning not yet needed.
NA	No	No	Sediments starting to accumulate but no current obstructions; cleaning no yet needed.
NA	No	No	Sediment has been cleared since last inspection on 1/20/2015
NA	No	No	Outfall is below grade and not visible. Contributing drop inlets observed to be not discharging into conveyance to NM007.
NA	No	No	Outfall is below grade and not visible. Contributing drop inlets observed to be not discharging into conveyance to NM007.
NA	No	No	Outfall is below grade and not visible. Contributing drop inlets observed to be not discharging into conveyance to NM007.
Other: Well 17 start up	No	No	Blowdown pipe for Well 17 start-up (allowable discharge).
Other: Well 17 start up	No	No	Blowdown pipe for Well 17 start-up (allowable discharge).
Other: Well 17 start up	No	No	Blowdown pipe for Well 17 start-up (allowable discharge).
NA	Yes	No	leaves/debris present
NA	Yes	No	leaves/debris present

NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	Yes	No	Plants/debris/trash from reroofing of the Pan Am Cnter.
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	Yes	No	leaves/debris present
NA	No	No	
NA	No	No	
NA	Yes	No	leaves/debris present
NA	No	No	
NA	No	No	
NA	Yes	No	leaves/debris present
NA	No	No	
NA	No	No	

NA	<b>Yes</b>	No	leaves/debris present
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>Yes</b>	No	leaves/debris present
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	
NA	<b>No</b>	No	

NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	



NA	No	No	
NA	No	No	
NA	No	No	
NA	Yes	No	Overgrown with plants at head of flume.
NA	Yes	No	Overgrown with plants at head of flume.
NA	Yes	No	Overgrown with plants at head of flume. W.O. Submitted to Grounds
NA	No	No	Note - trash/debris (floatables) in the vicinity. Notify Grounds dept.
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	
NA	No	No	

*This page was intentionally left blank*

## Outfall Screening Data



Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM003

Outfall Location: South of Stewart Street next to road

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

**Illicit Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

**Allowable Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Outfall Screening Data



Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM004

Outfall Location: South of Wells Street in front of tennis courts

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

**If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:**

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

**Illicit Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

**Allowable Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: Rock and Dirt Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: Consider re engineering. Outfall is below soil level. Constant sediment build up.

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM006

Outfall Location: West Stewart Street next to Regional Pond

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: Dirt is starting to build up but no current obstructions.

\_\_\_\_\_  
\_\_\_\_\_



### Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM007

Outfall Location: West College Avenue / Intersection of El Paseo and College Avenue

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

#### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

#### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM008

Outfall Location: North West Sam Steele Way next to Regional Pond

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: Dirt/Grass/Weed build up in flow path. No obstruction but overgrown shrub.



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM009

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Leaves Trash: \_\_\_\_\_

If yes, explain: Outfall is packed with leaves

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM010

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**  
Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM011

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**  
Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM012

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM013

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Leaves Trash: \_\_\_\_\_

If yes, explain: Outfall is packed with leaves

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM014

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Leaves Trash: \_\_\_\_\_

If yes, explain: Outfall is packed with leaves

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM015

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Leaves Trash: \_\_\_\_\_

If yes, explain: Outfall is packed with leaves

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM016

Outfall Location: West of Pan American

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**  
Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Leaves Trash: \_\_\_\_\_

If yes, explain: Outfall is packed with leaves

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM017

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM018

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM019

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM020

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Leaves Trash: \_\_\_\_\_

If yes, explain: Outfall is packed with leaves

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM021

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM022

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM023

Outfall Location: West of Pan American Center

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM024

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM025

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM026

Outfall Location: West of tennis fields

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM027

Outfall Location: North of Arrow Head Research

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM028

Outfall Location: North of Arrow Head Research

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM029

Outfall Location: North of Arrow Head Research

Last Rain Occurred: <24 Hours <3 Days More than 3 Days

Flow: None Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: Foam: Color:
Floating Solids: Odor: Suspended Solids:
Flow Direction: Suspected Origin of Flow:

### Illicit Discharges (Check Applicable Discharge Type):

Table with 3 columns and 4 rows of discharge types including Motor Vehicle Fluids, Household Hazardous Waste, Domestic Sewage, etc.

### Allowable Discharges (Check Applicable Discharge Type):

Table with 3 columns and 4 rows of allowable discharge types including Water from Line Flushing, Run-off from Landscape Irrigation, etc.

Does the Outfall Require Maintenance/Repair? Yes No

If yes, explain:

Does the Outfall Need Cleaning? Yes No

Sediment: Debris: Trash:

If yes, explain:

Is Illegal Dumping Occurring? Yes No

If yes, explain:

Comments:



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM030

Outfall Location: Intersection of Arrow Head Drive and Wells Street

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM031

Outfall Location: Intersection of Arrow Head Drive and Wells Street

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Shrub/Weed Trash: \_\_\_\_\_

If yes, explain: Over grown shrubs / weeds in water flow patch for NM031

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM032

Outfall Location: North of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM033

Outfall Location: Intersection of Arrow Head Drive and Wells Street

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 1/20/2015

Time: 2pm-5pm Outfall Number: NM034

Outfall Location: West of Pan American Center

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This page was intentionally left blank*



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM003

Outfall Location: South of Stewart Street next to road

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**  
Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM004

Outfall Location: South of Wells Street in front of tennis court

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: Rock and dirt Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: Consider re engineering. Outfall is below soil level. Constant sediment build up.

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM006

Outfall Location: West Stewart Street next to Regional Pond

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: Dirt has been cleared since last inspection on 1/20/2015



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM007

Outfall Location: West College Avenue / Intersection of El Paseo and College Avenue

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM008

Outfall Location: North West Sam Steele Way next to Regional Pond

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: Dirt / Grass / Weeds have been cleared since last inspection 1/20/2015



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM009

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM010

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM011

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM012

Outfall Location: West of Pan American Center

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM013

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM014

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM015

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM016

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Outfall Screening Data



Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM017

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

**If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:**

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
 Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
 Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

**Illicit Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

**Allowable Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

**Does the Outfall Require Maintenance/Repair?** Yes **No**

If yes, explain: \_\_\_\_\_

**Does the Outfall Need Cleaning?** Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Is Illegal Dumping Occurring?** Yes **No**

If yes, explain: \_\_\_\_\_

**Comments:** \_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM018

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM019

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM020

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Outfall Screening Data



Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM021

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

**Illicit Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

**Allowable Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM022

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM023

Outfall Location: West of Pan American Center

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM024

Outfall Location: West of Pan American Center

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM025

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM026

Outfall Location: West of tennis fields

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM027

Outfall Location: North of Arrow Head Research

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM028

Outfall Location: North of Arrow Head Research

Last Rain Occurred: <24 Hours <3 Days More than 3 Days

Flow: None Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: Foam: Color:
Floating Solids: Odor: Suspended Solids:
Flow Direction: Suspected Origin of Flow:

### Illicit Discharges (Check Applicable Discharge Type):

Table with 3 columns and 4 rows of discharge types including Motor Vehicle Fluids, Household Hazardous Waste, Domestic Sewage, and Wastewater from Commercial Mobile Power Washer.

### Allowable Discharges (Check Applicable Discharge Type):

Table with 3 columns and 4 rows of allowable discharge types including Water from Line Flushing, Run-off from Landscape Irrigation, and Dechlorinated Swimming Pool Water.

Does the Outfall Require Maintenance/Repair? Yes No

If yes, explain:

Does the Outfall Need Cleaning? Yes No

Sediment: Debris: Trash:

If yes, explain:

Is Illegal Dumping Occurring? Yes No

If yes, explain:

Comments:

## Outfall Screening Data



Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM029

Outfall Location: North of Arrowhead Research

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
 Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
 Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

**Illicit Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

**Allowable Discharges (Check Applicable Discharge Type):**

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM030

Outfall Location: Intersection of Arrow Head Drive and Wells Street

Last Rain Occurred:  <24 Hours  <3 Days  More than 3 Days

Flow:  None  Trickle  <Half Capacity  Half Capacity  >Half Capacity  Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes  No

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes  No

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM031

Outfall Location: Intersection of Arrow Head and Wells Street

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? **Yes** No

Sediment: \_\_\_\_\_ Debris: Shrubs/Weed Trash: \_\_\_\_\_

If yes, explain: Overgrown shrubs/weeds in water flow path for NM031

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM032

Outfall Location: North of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM033

Outfall Location: Intersection of Arrow Head Drive and Wells Street

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_  
Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_  
Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Outfall Screening Data

Name: Michael Lucero Date: 4/29/2015

Time: 2pm-5pm Outfall Number: NM034

Outfall Location: West of Pan American Center

Last Rain Occurred: <24 Hours <3 Days **More than 3 Days**

Flow: **None** Trickle <Half Capacity Half Capacity >Half Capacity Full Capacity

If flow is present, collect a sample in a clean, glass jar and complete the following evaluation:

Sheen: \_\_\_\_\_ Foam: \_\_\_\_\_ Color: \_\_\_\_\_

Floating Solids: \_\_\_\_\_ Odor: \_\_\_\_\_ Suspended Solids: \_\_\_\_\_

Flow Direction: \_\_\_\_\_ Suspected Origin of Flow: \_\_\_\_\_

### Illicit Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Motor Vehicle Fluids	<input type="checkbox"/> Wastewater from Pavement/Exterior Building Washing with Soap, Detergent, Solvent, or Degreaser	<input type="checkbox"/> Concrete Washout
<input type="checkbox"/> Household Hazardous Waste	<input type="checkbox"/> Material that will Damage, Block, or Clog the MS4	<input type="checkbox"/> Wastewater from Animal Pen or Kennel
<input type="checkbox"/> Domestic Sewage or Septic Tank Waste, Grease Trap Waste	<input type="checkbox"/> Rubble, Debris, Tile, Concrete, Brick, Asphalt or Other Building Material	<input type="checkbox"/> Wastewater from Commercial Vehicle Washing, Cleaning, or Maintenance
<input type="checkbox"/> Wastewater from Commercial Mobile Power Washer	<input type="checkbox"/> Wastewater from Commercial Floor, Rug, or Carpet Cleaning	<input type="checkbox"/> Other: _____

### Allowable Discharges (Check Applicable Discharge Type):

<input type="checkbox"/> Water from Line Flushing (but not Allowed if Hyper-Chlorinated)	<input type="checkbox"/> Run-off from Landscape Irrigation and Lawn Watering	<input type="checkbox"/> Dechlorinated Swimming Pool Water
<input type="checkbox"/> Discharges from Emergency Fire Fighting Activities	<input type="checkbox"/> Water from Foundation or Footing Drains	<input type="checkbox"/> Air Conditioning Condensation
<input type="checkbox"/> Uncontaminated Groundwater	<input type="checkbox"/> Discharges from Potable Water Sources	<input type="checkbox"/> Water from Crawl Space Pumps
<input type="checkbox"/> Individual Residential Car Washing	<input type="checkbox"/> Flows from Riparian Habitats, Springs, or Wetlands	<input type="checkbox"/> Other: _____

Does the Outfall Require Maintenance/Repair? Yes **No**

If yes, explain: \_\_\_\_\_

Does the Outfall Need Cleaning? Yes **No**

Sediment: \_\_\_\_\_ Debris: \_\_\_\_\_ Trash: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is Illegal Dumping Occurring? Yes **No**

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This page was intentionally left blank*

**Schedule 1: NMSU Auxiliary Services Collection Points**

Point #	C/Y	Location	# P/U	Mon	Tue	Wed	Thu	Fri
101	4	Aggie Express Store	3	X		X		X
102	4	Vista Del Monte	2	X			X	
103	4	Vista Del Monte	2	X			X	
104	4	Vista Del Monte	2	X			X	
105	4	Vista Del Monte	2	X			X	
106	4	Cervantes Village A	2	X			X	
107	4	Cervantes Village B	2	X			X	
108	4	Cervantes Village C	2	X			X	
109	4	Cervantes Village D	2	X			X	
110	6	Cervantes Village E	2	X			X	
111	4	Cervantes Village F	2	X			X	
112	4	Cervantes Village G	2	X			X	
113	4	Cervantes Village H	2	X			X	
114	4	Cervantes Village J	2	X			X	
115	4	Greek Complex I	3	X		X		X
116	4	Greek Complex I	3	X		X		X
117	4	Greek Complex II	3	X		X		X
118	6	Chamisa	3	X		X		X
119	6	Chamisa	3	X		X		X
120	6	Chamisa	3	X		X		X
121	6	Chamisa	3	X		X		X
122	6	Chamisa	3	X		X		X
123	6	Chamisa	3	X		X		X
124	6	Garcia Hall	3	X		X		X
125	6	Garcia Hall	3	X		X		X
126	6	Garcia Hall	3	X		X		X
127	6	Garcia Hall	3	X		X		X
128	6	Monagle Hall	3	X		X		X
129	6	Monagle Hall	3	X		X		X
130	6	Rhodes Garrett Hamiel	3	X		X		X
131	6	Cole Village	2		X			X
132	6	Cole Village	2		X			X
133	6	Cole Village	2		X			X
134	6	Cole Village	2		X			X
135	6	Cole Village	2		X			X
136	6	Cole Village	2		X			X
137	6	Cole Village	2		X			X
138	6	Cole Village	2		X			X
139	6	Cole Village	2		X			X
140	6	Pinon Hall	2				X	
141	6	Pinon Hall	2				X	
142	6	Pinon Hall	2				X	
143	6	Pinon Hall	2				X	
144	6	Baseball Complex	2		X		X	
145	6	Aggie Memorial Stadium	3	X		X		X
146	6	Aggie Memorial Stadium	3	X		X		X
147	4	Departmental Charges	2	X			X	
148	4	Golf Course Maintenance Shop	2	X			X	

Point #	C/Y	Location	# P/U	Mon	Tue	Wed	Thu	Fri
149	8	Dona Ana Community College	5	X	X	X	X	X
150	8	Dona Ana Community College	5	X	X	X	X	X
151	6	Frenger Food Court	5	X	X	X	X	X
152	2	Southwest Technology	1	X				
153	4	Delta Zeta/Zeta Tau Alpha	2	X			X	
154	4	Chi Omega	1	X				
155	6	Golf Club House	3	X		X		X
156	8	Fulton Center	3	X		X		X
157	2	EPPWS East of Golf Course	1	X				
158	4	Rodeo Arena	1	X				
		<b>Poly Carts, 96 Gallon, for Campus Facilities</b>						
159	200	Sutherland Village	1	X				
160	100	Tom Fort Village	1	X				
161	2	Softball Complex	2	X				

**Schedule 2: NMSU Facilities and Services Collection Points**

Point #	C/Y	Location	# P/U	Mon	Tue	Wed	Thu	Fri
201	4	Agriculture Engineering	3	X		X		X
202	6	Regents Row	3	X		X		X
203	4	Genesis Center	2	X				
204	2	J. Gordon Watts	1	X			X	
205	6	Police Station	2	X				
206	3	Animal Care facility	1	X				
207	4	Old Jornada Building	1	X				
208	3	Theater Arts Scene Shop	2		X		X	
209	3	Zuhl Library	3	X		X		X
210	4	Storage Units	1	X				
211	4	Central Utility Plant	1	X				
212	6	Jett Hall	3	X		X		X
213	8	Williams Hall	3	X		X		X
214	4	Williams Hall	2	X		X		X
215	3	Academic Research	2	X			X	
216	6	Milton Hall	3	X		X		X
217	4	OFS Carpentry Shop	1	X				
218	4	Engineering Complex	3	X		X		X
219	8	Skeen Hall	5	X	X	X	X	X
220	8	Wooten Hall/USDA	5	X	X	X	X	X
221	4	Equestrian Center	1		X			
222	6	Gardiner Hall	3	X		X		X
223	6	Foster Hall	5	X	X	X	X	X
224	2	Fire Department	2	X			X	
225	8	Health & Social Services	5	X	X	X	X	X
226	4	PGEL	1			X		
227	2	OFS Mechanics Shop	1	X				
228	6	O'Donnell Hall	3	X		X		X
229	2	Horse Farm/Union St.	1	X				
230	4	NMDA	2	X			X	
231	6	CFTA	3	X		X		X

**Schedule 3: NMSU Facilities and Services On Demand Collection Points**

Point#	C/Y	Location
301	30	OFS Yard
302	30	OFS Yard
303	40C	OFS Yard
304	30	OFS Green Waste Yard
305	30	OFS Green Waste Yard
306	40C	Anderson Hall (PSL)

**Schedule 4: NMSU Auxiliary Services On Demand Collection Points**

Point#	C/Y	Location
401	40C	Corbett Center
402	30	Housing Warehouse
403	30	Housing Warehouse

1. Number of trash receptacles maintained...160
2. Number of dumpsters maintained...We maintain 85 dumpsters
3. Copy of NMSU's solid waste collection points, and schedule...Schedule attached

Information from Bud Jones, our Grounds Manager. He has staff patrol the campus every MWF to perform general clean-up, which includes inspection for and clean-up of trash and debris. He estimates a total of approximately 500 pounds are picked up every week by these crews. And although we are unable to provide the actual labor hours documentation, he estimated it to be ~6300 hours for this reporting period.

*This page was intentionally left blank*



# EH&S – Environmental Portion

**SWMP** (6 slides)


**SPCC** (3 slides)

**Landfill - update**



Decorative graphic consisting of overlapping colored rectangles in shades of purple, blue, orange, yellow, and green.

Jack Kirby 646-7102, September 2014

New Mexico State University 

# WHAT'S A SWMP?



## STORM WATER MANAGEMENT PROGRAM

*YOU ARE A BIG PART OF IT AT NMSU!*



It's everywhere!



New Mexico State University

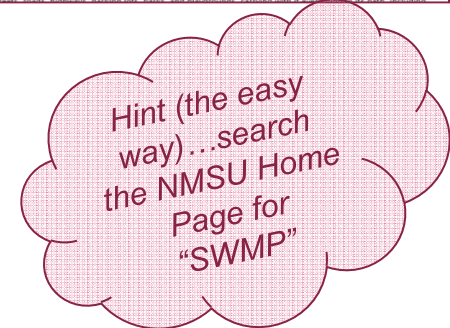
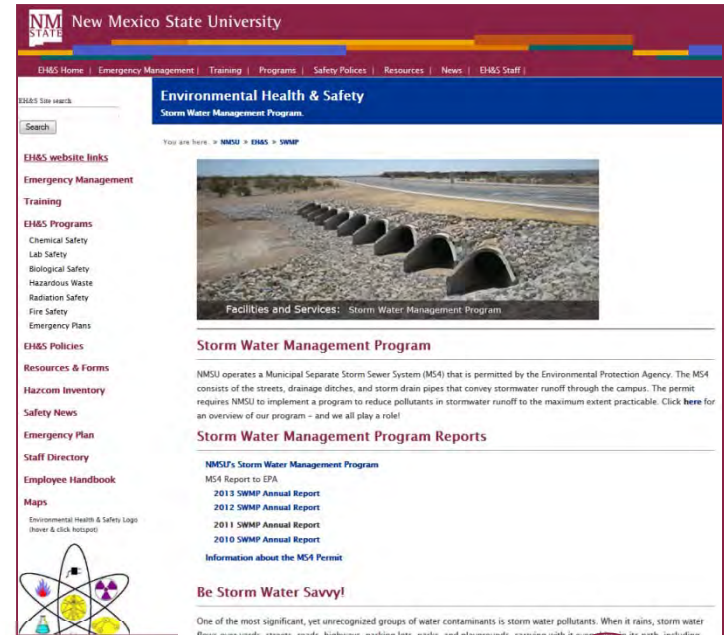


# Why?

Like everyone else – we too have a web page...check it out!  
<http://safety.nmsu.edu/programs/environmental/SWMP.htm>



1. EPA-required (it's a law)
2. It actually does rain around here...really! And when it does, the water picks up anything in its flow, and ultimately reaches the Rio Grande. NMSU is committed to preserving the environment.



# What about this law...?



1. Wet or dry – same regulations
2. Quality and quantity components
3. Outreach/education emphasis

City	Annual Precipitation	
	Inches	Millimetres
Las Vegas, Nevada	4.2	106
Phoenix, Arizona	8.2	208
Riverside, California	10.3	262
San Diego, California	10.3	263
Los Angeles, California	12.8	326

City	Annual Precipitation	
	Inches	Millimetres
New Orleans, Louisiana	62.7	1592
Miami, Florida	61.9	1572
Birmingham, Alabama	53.7	1364
Memphis, Tennessee	53.7	1363
Jacksonville, Florida	52.4	1331



Alamogordo, NM  
June, 2006

Las Cruces, NM 8.45 in.



Ruidoso, NM  
July, 2008



# How are NMSU Employees Involved?

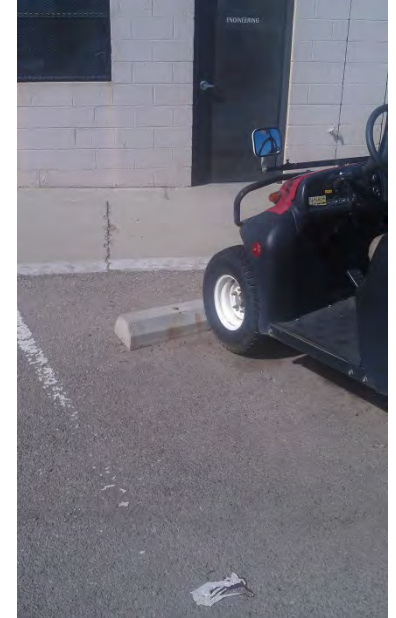
## Heavy Hitters:

- Facilities and Services staff...typically the Structural Maintenance, Grounds, and Vehicle Mechanics groups
  - Training of staff for effective SW management
  - Inspecting construction job sites
  - Inspecting Trade Shops
  - Tracking of improvements made (# of recycle and trash bins, removed material, incident responses, etc.)
- Student Housing and Residential Life
  - Communications to residents (household hazardous waste, fertilizing, oil changing, animal wastes, etc.)



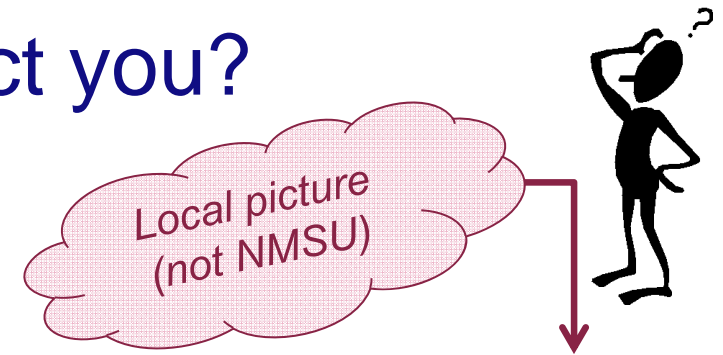
# What's good behavior?

- Doing your jobs – following established processes and reporting quantity of removed debris are key.
  - Street sweeping
  - Debris removal
  - Special event clean-up
  - Training (like this) and inspections



# What's bad?...How do I contact you?

- Litter/dumping, clogged drains, chemical spills – any of these can potentially harm NMSU. Let's all be the eyes and ears for a better campus!
- Phone # to EH&S (also used for Incident Response): 646-3327
- Email: [ehs@nmsu.edu](mailto:ehs@nmsu.edu)
- Web: <http://ofs.nmsu.edu/SWMP.html>
- Or call me (Jack Kirby) directly at 646-7102







<a href="#">Manage Activities</a>	<a href="#">Resources</a>	<a href="#">Pricing</a>	<a href="#">Catalog Configuration</a>	<a href="#">Reports</a>	<a href="#">Training</a>	<a href="#">Data</a>
-----------------------------------	---------------------------	-------------------------	---------------------------------------	-------------------------	--------------------------	----------------------

<b>Manage Courses</b>
Offerings
Courses
Tasks
Package
Training Requests
Manage Certifications
Manage Curricula

**Learning Details: Storm Water Pollution Prevention**

**Offering Information**

ID	00006391
Instructor	Jack Kirby
Delivery Type	Instructor-Led
Offering Type	Public
Language	English
Location	NMSU - Las Cruces
Sessions	Wednesday 1:30 PM - 2:00 PM
Start Date	09/10/2014
End Date	09/10/2014
Status	Delivered - Normal

- [Offering Details](#)
- [Roster](#)
- [Attendance](#)
- [Results](#)

**Roster Information**

Roster	23 of 50 seats full (0 Pending Approval registration(s) at the time of delivery)
Waitlisted	0 of 0 seats full (0 Waitlisted registration(s) cancelled at time of delivery)
On Demand Notification	Send

**Learners**

First Name	Last Name	Organization	Audience Subtype	Order Number	Registration Status
Braulia	Herrera	FS Facilities Maintenance	Unreserved	00044973	Confirmed

Chris	Espana	Corbett Center	Unreserved	00044966	Confirmed
David	Dominguez	Housing and Residential Life	Unreserved	00044982	Confirmed
David	Root	FS Electricians	Unreserved	00044975	Confirmed
Eugene	Roman	FS Grounds	Unreserved	00044965	Confirmed
Fernie	Valles	FS Facilities Maintenance	Unreserved	00044968	Confirmed
Francisco	Rodriguez	FS Facilities Maintenance	Unreserved	00044981	Confirmed
Isabel	Brito	FS Custodial Services	Unreserved	00044962	Confirmed
James	Franco	FS Grounds	Unreserved	00044972	Confirmed
Jerome	Seaburgh	FS Facilities Maintenance	Unreserved	00044980	Confirmed
Jerry	Jersvig	FS Access Control	Unreserved	00044976	Confirmed
Jesus	Saenz	FS Custodial Services	Unreserved	00044967	Confirmed
Joel	Contreras	FS Electricians	Unreserved	00044977	Confirmed
Jorge	Rodriguez	FS Facilities Maintenance	Unreserved	00044964	Confirmed
Lance	Repp	FS Facilities Maintenance	Unreserved	00044971	Confirmed
Manuel	Cordero	FS Custodial Services	Unreserved	00044974	Confirmed
Melvin	Lopez	FS Facilities Maintenance	Unreserved	00044983	Confirmed
Ramon	Lozano	FS Facilities Maintenance	Unreserved	00044961	Confirmed
Raymond	Holguin	FS Access Control	Unreserved	00044969	Confirmed
Richard	Bana	FS Operations and Utilities	Unreserved	00044978	Confirmed

Ruben	Garcia	FS Facilities Maintenance	Unreserved	00044970	Confirmed
Willie	Baldonado	FS Facilities Maintenance	Unreserved	00044963	Confirmed
Yolanda	Gallegos	FS Custodial Services	Unreserved	00044979	Confirmed



*This page was intentionally left blank*



Manage Activities	Resources	Pricing	Catalog Configuration	Reports	Training	Data
-------------------	-----------	---------	-----------------------	---------	----------	------

Manage Courses
Offerings
Courses
Tasks
Package

**Learning Details: Storm Water Pollution Prevention**

**Offering Information**

ID	00006393
Instructor	Jack Kirby
Delivery Type	Instructor-Led
Offering Type	Public
Language	English
Location	NMSU - Las Cruces
Sessions	Thursday 8:30 AM - 9:00 AM
Start Date	09/11/2014
End Date	09/11/2014
Status	Delivered - Normal

- Offering Details
- Roster
- Attendance
- Results

**Roster Information**

Roster	37 of 50 seats full (0 Pending Approval registration(s) at the time of delivery)
Waitlisted	0 of 0 seats full (0 Waitlisted registration(s) cancelled at time of delivery)
On Demand Notification	Send

**Learners**

First Name	Last Name	Organization	Audience Subtype	Order Number	Registration Status
Jose	Mendoza	FS Grounds	Unreserved	00045332	Confirmed

		Dominguez				
Katrina	Doolittle	FS Environmental Health Safety Off	Unreserved	00045342	Confirmed	
Lorenzo	Astorga	FS Grounds	Unreserved	00045337	Confirmed	
Michael	Herrera	FS Structural Maintenance	Unreserved	00045360	Confirmed	
Omar	Pardo	FS Vehicle Mechanics	Unreserved	00045341	Confirmed	
Randall	Limon	FS Facilities Maintenance	Unreserved	00045343	Confirmed	
Ricky	Munoz	FS Painters	Unreserved	00045350	Confirmed	
Robert	Frank	FS Electricians	Unreserved	00045335	Confirmed	
Rodrigo	Gutierrez	FS Facilities Maintenance	Unreserved	00045364	Confirmed	
Ruben	Madero	FS Painters	Unreserved	00045344	Confirmed	
Rudy	Gonzalez	FS Painters	Unreserved	00045357	Confirmed	
Theresa	Duran	FS Facilities Maintenance	Unreserved	00045348	Confirmed	
Tomas	Aragon	FS Painters	Unreserved	00045358	Confirmed	





<a href="#">Manage Activities</a>	<a href="#">Resources</a>	<a href="#">Pricing</a>	<a href="#">Catalog Configuration</a>	<a href="#">Reports</a>	<a href="#">Training</a>	<a href="#">Data</a>
-----------------------------------	---------------------------	-------------------------	---------------------------------------	-------------------------	--------------------------	----------------------

<a href="#">Manage Courses</a>
<a href="#">Offerings</a>
<a href="#">Courses</a>
<a href="#">Tasks</a>
<a href="#">Package</a>

**Learning Details: Storm Water Pollution Prevention**

**Offering Information**

ID	00006389
Instructor	Jack Kirby
Delivery Type	Instructor-Led
Offering Type	Public
Language	English
Location	NMSU - Las Cruces
Sessions	Wednesday 8:30 AM - 9:00 AM
Start Date	09/10/2014
End Date	09/10/2014
Status	Delivered - Normal

- [Offering Details](#)
- [Roster](#)
- [Attendance](#)
- [Results](#)

**Roster Information**

Roster	26 of 50 seats full (0 Pending Approval registration(s) at the time of delivery)
Waitlisted	0 of 0 seats full (0 Waitlisted registration(s) cancelled at time of delivery)
On Demand Notification	Send

**Learners**

First Name	Last Name	Organization	Audience Subtype	Order Number	Registration
Alfredo	Lazarin	FS Grounds	Unreserved	00044760	Confirmed

Andres	Bencomo	FS Operations and Utilities	Unreserved	00044775	Confirmed
Arturo	Lara	DACC Facilities Supp	Unreserved	00044783	Confirmed
Danny	Aguirre	FS Mechanical	Unreserved	00044782	Confirmed
David	Avalos	FS Operations and Utilities	Unreserved	00044777	Confirmed
David	Coogler	FS Grounds	Unreserved	00044761	Confirmed
Diego	Mendoza	FS Mechanical	Unreserved	00044764	Confirmed
Eulalio	Arredondo	FS Facilities Maintenance	Unreserved	00044780	Confirmed
Fernando	Canales	FS Mechanical	Unreserved	00044770	Confirmed
Hector	Moreno	FS Central Utility Plant	Unreserved	00044778	Confirmed
Javier	Sanchez	FS Operations and Utilities	Unreserved	00044766	Confirmed
Jesus	Robles	FS Grounds	Unreserved	00044762	Confirmed
Joaquin	Bertoldo	FS Grounds	Unreserved	00044765	Confirmed
Jose	Ulloa	FS Grounds	Unreserved	00044758	Confirmed
Luis	Velasco	FS Electricians	Unreserved	00044776	Confirmed
Michael	Amesquita	FS Grounds	Unreserved	00044763	Confirmed
Michael	Munoz	FS Mechanical	Unreserved	00044781	Confirmed
Michael	Ortega	FS Grounds	Unreserved	00044779	Confirmed
Patrick	Bencomo	FS Electricians	Unreserved	00044771	Confirmed



Pedro	Felix	FS Electricians	Unreserved	00044768	Confirmed
Ralph	Lucero	FS Operations and Utilities	Unreserved	00044774	Confirmed
Robert	Dubois	FS Mechanical	Unreserved	00044767	Confirmed
Ronnie	Salinas	FS Grounds	Unreserved	00044759	Confirmed
Ronnie	Stewart	FS Grounds	Unreserved	00044772	Confirmed
Rudy	Baca	FS Grounds	Unreserved	00044773	Confirmed





Manage Activities	Resources	Pricing	Catalog Configuration	Reports	Training	Data
-------------------	-----------	---------	-----------------------	---------	----------	------

Manage Courses
Offerings
Courses
Tasks
Package

**Learning Details: Storm Water Pollution Prevention**

**Offering Information**

ID	00006389
Instructor	Jack Kirby
Delivery Type	Instructor-Led
Offering Type	Public
Language	English
Location	NMSU – Las Cruces
Sessions	Wednesday 8:30 AM – 9:00 AM
Start Date	09/10/2014
End Date	09/10/2014
Status	Delivered – Normal

--	--	--	--

**Roster Information**

Roster	26 of 50 seats full (0 Pending Approval registration(s) at the time of delivery)
Waitlisted	0 of 0 seats full (0 Waitlisted registration(s) cancelled at time of delivery)
On Demand Notification	Send

**Learners**

First Name	Last Name	Organization	Audience Subtype	Order Number	Registration
Sabino	Ramirez	FS	Unreserved	00044769	Confirmed