



**STORMWATER DISCHARGE
SAMPLE COLLECTION LOG**

PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:
	ORACLE NUMBER:
	WDID NUMBER:
CONTRACTOR NAME AND ADDRESS:	PROJECT SITE RISK LEVEL: <input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> LUP Type 1 <input type="checkbox"/> LUP Type 2 <input type="checkbox"/> LUP Type 3
Submitted by (Print Name and Sign):	Date:

Daily Sample Record

Location	Date of Sampling
Sample location identification number	Sampled collected for <input type="checkbox"/> Storm event <input type="checkbox"/> Non-Stormwater <input type="checkbox"/> Discharge or stored stormwater <input type="checkbox"/> Non-Visible Pollutant <input type="checkbox"/> Dewatering discharge <input type="checkbox"/> Other
Sampled by (Signature)	Samples to be analyzed for parameters <input type="checkbox"/> Turbidity <input type="checkbox"/> Other _____ <input type="checkbox"/> pH <input type="checkbox"/> Other _____
Sampled by (Print Name)	
Company	

**Risk Level 1 & 2
Effluent Sampling Field Log Sheets**

Field Meter Calibration

pH Meter ID No./Desc.:	Turbidity Meter ID No./Desc.:
Calibration Date/Time:	Calibration Date/Time:

Field pH and Turbidity Measurements

Discharge Location Description (Include Latitude & Longitude)	% of Total Discharge	pH	Turbidity	Time

Grab Samples Collected

Discharge Location Description (Include Latitude & Longitude)	% of Total Discharge	Sample Type	Time

Additional Sampling Notes:

Time End:

Review and Record Keeping

I have reviewed this document and based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate and complete.

Water Pollution Control Manager (Name)	Date
Water Pollution Control Manager (Signature)	
Accepted by Resident Engineer (Name)	Date
Resident Engineer (Signature)	



**Risk Level 3
 Effluent Sampling Field Log Sheets**

Field Meter Calibration

pH Meter ID No./Desc.:
 Calibration Date/Time:

Turbidity Meter ID No./Desc.:
 Calibration Date/Time:

Field pH and Turbidity Measurements

Discharge Location Description (Include Latitude & Longitude)	% of Total Discharge	pH	Turbidity	Time

Grab Samples Collected

Discharge Location Description (Include Latitude & Longitude)	% of Total Discharge	SSC	Other (Specify)	Time

Additional Sampling Notes:

Time End:

Review and Record Keeping

I have reviewed this document and based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate and complete.

Water Pollution Control Manager (Name) _____ Date _____

Water Pollution Control Manager (Signature) _____

Accepted by Resident Engineer (Name) _____ Date _____

Resident Engineer (Signature) _____