



Agency Use
MTR04 _____
Date Rec'd:
Amount Rec'd:
Check No.:
Rec'd By:

FORM  
**MS4-AR**

<b>MPDES Storm Water Small MS4 Annual Report Form</b>				
Reporting period is for the calendar year, January 1st through December 31st. Check one. Annual Report is due by March 1st of the following year.				
<input type="checkbox"/> 2017	<input type="checkbox"/> 2018	<input type="checkbox"/> 2019	<input type="checkbox"/> 2020	<input type="checkbox"/> 2021

**Instructions: This Annual Report Form is to be completed by each permittee and co-permittee authorized to discharge storm water under the General Permit for Storm Water Discharges Associated with Small Municipal Separate Storm Water Sewer Systems (MS4s). All authorized permittees and co-permittees are required to complete this Annual Report Form for each calendar year reporting period. For co-permittees authorized under one permit authorization or for co-permittees with multiple authorizations, you are required to complete this form and submit separate required documents/information exclusively for your respective regulated Small MS4 area(s). This completed Annual Report Form must be electronically submitted to the Montana Department of Environmental Quality, Water Protection Bureau. Electronic submission is required through the web-based tool: NetDMR. Additional information is located on DEQ's website: <http://deg.mt.gov/Water/WQINFO/ctss/netdmr>.**

Small MS4 Authorization Number: MTR04 \_\_\_\_\_

Small MS4 Classification	<input type="checkbox"/> Traditional	<input type="checkbox"/> Non-Traditional
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Small MS4 Name:

Small MS4 Mailing Address:

City, State, and Zip Code:

Small MS4 Contact Person (and Title):

Mailing Address:

City, State, and Zip Code:

Phone Number: (    )	E-mail address:
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**Storm Water Management Team:** Attach an organizational chart identifying a primary SWMP coordinator and the positions responsible for implementing each minimum measure.

**Requested above chart:**

Attached

Not Attached

Has the permittee established and executed a formalized mechanism for regular communication between storm water management team members?

Yes

No

**Permittee's SWMP Resources:**

How many FTEs does the permittee designate to the MS4 permit? \_\_\_\_ If needed, provide an explanation.

If more space is needed, submit on an additional page with corresponding reference or on a data storage device.

**Answer the following five (5) questions on an additional page with corresponding reference or on a data storage device.**

(1) What are the source(s) of funding for implementation of the MS4 permit and the estimated percentage of the total budget allocated from each source listed?

(2) Specific to the annual reporting calendar year, how did the permittee justify commitment of resources or budget allocations to the implementation of the MS4 permit to decision-makers and the public? Provide a summary of meetings and outcomes held with decision-makers and the public.

(3) Has the permittee demonstrated program effectiveness to obtain budget allocations for this annual reporting calendar year or previous years? Why or why not? If so, what program effectiveness metrics were presented?

(4) How was this annual reporting calendar year's approach to allocate resources different than the previous year's approach?

(5) Was the permittee successful in their request for budget allocations? Describe the outcome and factors that affected or resulted in that outcome.

**Illicit Discharge Detection & Elimination:**

Per the IDDE MCM requirement (Part II (3)(c.i)), has the permittee reviewed, and updated if needed, the storm sewer map during the calendar year?

Yes

No

Per the IDDE MCM requirement (Part II (3)(e.i)), has the permittee dry weather inspected and screened outfalls during the calendar year?

Yes

No

**Fill in the blanks with numbers.** The permittee has inspected \_\_\_\_ outfalls during this calendar year. Since authorization under the 2017 General Permit, the permittee has inspected \_\_\_\_ total outfalls out of the \_\_\_\_ total MS4 outfalls.

Per the Illicit Discharge Detection & Elimination MCM (Part II (3)(e.i)), the permittee will complete the requirement to inspect and screen all outfalls during dry weather by the end of the permit cycle.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Construction Site Storm Water Management:</b> During the calendar year, how many construction storm water management plan reviews were completed (Part II (4)(b))? _____		
During the calendar year, how many construction projects were inspected for their storm water management controls (Part II (4)(c))? _____		
<b>Pollution Prevention/Good Housekeeping for Permittee Operations:</b>		
Has the permittee reviewed, and updated if needed, the inventory of permittee-owned/operated facilities and activities (Part II (6)(a.i))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the permittee reviewed, and updated if needed, the map that identifies the locations of facilities and known locations of activities (Part II (6)(a.ii))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the permittee conducted annual storm water pollution prevention training for permittee staff during the next permit year after development of each standard operating procedure (Part II (6)(a.v))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*Not applicable during calendar year 2017, 2018, and 2019. Check "No" during these years.*</i>		
<b>Training:</b> According to Part II (B) Training requirements, has the permittee conducted applicable training during the 1 <sup>st</sup> and 4 <sup>th</sup> calendar years?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>*Not required during calendar year 2018, 2019, and 2021. Check "No" during these years.*</i>		
According to Part II (B) Training requirements, has the permittee conducted applicable new employee training within 90 days of the hire date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Special Conditions: Per Pre-TMDL Approval (Part III.A) requirements,</b> attach the required information regarding identification of all outfalls that discharge to impaired waterbodies, the impaired waterbodies, and the associated pollutants of impairments. Summarize the BMPs implemented over the reporting period and a schedule of BMPs planned for the following year.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Special Conditions: Approved TMDLs (Part III.B) requirements per calendar year below.</b>		
<b>Calendar Year 2017:</b> The permittee has attached a Sampling Plan that includes strategy rationale, monitoring frequency, monitoring parameters, and monitoring locations.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable

<b>Calendar Year 2017:</b> The permittee has attached all outfalls that discharge to impaired waterbodies and the associated pollutants of impairment.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Calendar Year 2018:</b> The permittee has attached all outfalls that discharge to impaired waterbodies and the associated pollutants of impairment.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Calendar Year 2019:</b> The permittee has attached all outfalls that discharge to impaired waterbodies and the associated pollutants of impairment.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Calendar Year 2020:</b> The permittee has attached all outfalls that discharge to impaired waterbodies and the associated pollutants of impairment.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Calendar Year 2020:</b> The permittee has attached the TMDL section of the SWMP that identifies the measures and BMPs it plans to implement, describes the MS4's impairment priorities and long term strategy, and outlines interim milestones for controlling the discharge of the pollutants of concern and making progress towards meeting the TMDL.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Calendar Year 2021:</b> The permittee has attached all outfalls that discharge to impaired waterbodies and the associated pollutants of impairment.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Calendar Year 2021:</b> The permittee has evaluated the TMDL section of the SWMP based on monitoring results. The section has been revised, if needed, and is attached.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable
<b>Monitoring:</b> Per requirements in Part IV (B), has the permittee attached monitoring results, calculations, and evaluations?		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not Applicable



**INSTRUCTIONS: The permittee will only fill out the Annual Report Attachments section below that corresponds to the calendar in which an Annual Report is being submitted for. Attach the requested documents/information.**

<b>2017 Annual Report Attachments (1<sup>st</sup> Calendar Year)</b>		
<b>Public Education and Outreach:</b>		
Per requirements a.i in the referenced MCM, attach the required information regarding key target audiences and associated pollutants.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Public Involvement and Participation:</b>		
Per requirements a.i in the referenced MCM, attach the required information regarding the public involvement approach and schedule of each key audience.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Illicit Discharge Detection &amp; Elimination:</b>		
Per requirements a.i in the referenced MCM, attach the required information regarding categories of non-storm water discharges or flows, associated pollutants, and local controls or conditions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements b.i in the referenced MCM, attach the required information regarding occasional non-storm water discharges or flows, associated pollutants, and local controls or conditions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements f.i in the referenced MCM, attach the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Construction Site Storm Water Management:</b>		
Per requirements a.iii in the referenced MCM, attach progress towards an Enforcement Response Plan and associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements b.i in the referenced MCM, attach the construction storm water management plan review checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements b.iii in the referenced MCM, attach the construction storm water management plan review checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Traditional MS4s and per requirements c.i in the referenced MCM, attach the construction storm water management inspection form or checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements c.ii in the referenced MCM, attach the construction storm water management inspection form or checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable

<b>Post-Construction Site Storm Water Management in New and Redevelopment</b>		
Specific to Traditional MS4s and per requirements b.i in the referenced MCM, attach the post-construction storm water management plan review checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements b.ii in the referenced MCM, attach the post-construction storm water management plan review checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Per requirements in b.iii in the referenced MCM, attach the performance standards and associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	

<b>2018 Annual Report Attachments (2<sup>nd</sup> Calendar Year)</b>		
<b>Public Education and Outreach:</b>		
Per requirements b.i in the referenced MCM, attach the required information regarding outreach messages.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements c.i in the referenced MCM, attach the required information regarding a description of formats, distribution channels and schedule for key target audiences.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Public Involvement and Participation:</b>		
Per requirements a.ii in the referenced MCM, attach the required information regarding participation and key target audience feedback on approaches.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Illicit Discharge Detection &amp; Elimination:</b>		
Per requirements a.i in the referenced MCM, attach the required information regarding categories of non-storm water discharges or flows, associated pollutants, and local controls or conditions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements b.i in the referenced MCM, attach the required information regarding occasional non-storm water discharges or flows, associated pollutants, and local controls or conditions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements d.i in the referenced MCM, attach the adopted ordinance or other regulatory mechanism to prohibit illicit discharges.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements d.ii in the referenced MCM, attach the summary of legal authority to prohibit illicit discharges.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Per requirements d.iii in the referenced MCM, attach the required summary of the cooperative agreements.		

<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements d.iv in referenced MCM, attach the Enforcement Response Plan and associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements e.ii in referenced MCM, attach the list of high priority outfalls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements f.iii in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements f.iv in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
<b>Post-Construction Site Storm Water Management in New and Redevelopment</b>		
Specific to Traditional MS4s and per requirements c.i in the referenced MCM, attach the post-construction storm water management inspection form or checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements c.ii in the referenced MCM, attach the post-construction storm water management inspection form or checklist.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Per requirements in c.iii in the referenced MCM, attach the inventory of all new permittee-owned and private post-construction storm water management controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements in c.vi in the referenced MCM, attach an inspection frequency protocol.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements c.vii, attach the developed inspection program.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
<b>Pollution Prevention/Good Housekeeping for Permittee Operations</b>		
Per requirements in a.iii in the referenced MCM, attach completed Standard Operating Procedures.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	



**2019 Annual Report Attachments (3<sup>rd</sup> Calendar Year)**

**Public Education and Outreach:**

Per requirements c.ii in the referenced MCM, attach the required information regarding outreach materials distributions.

Attached  Not Attached

**Public Involvement and Participation:**

Per requirements a.ii in the referenced MCM, attach the required information regarding participation and key target audience feedback on approaches.

Attached  Not Attached

**Illicit Discharge Detection & Elimination:**

Per requirements a.i in the referenced MCM, attach the required information regarding categories of non-storm water discharges or flows, associated pollutants, and local controls or conditions.

Attached  Not Attached

Per requirements b.i in the referenced MCM, attach the required information regarding occasional non-storm water discharges or flows, associated pollutants, and local controls or conditions.

Attached  Not Attached

Per requirements e.ii in referenced MCM, attach the list of high priority outfalls.

Attached  Not Attached

Per requirements e.iii in referenced MCM, attach the required summary of screening results.

Attached  Not Attached

Specific to Traditional MS4s and per requirements f.iii in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.

Attached  Not Attached  Not applicable

Specific to Non-Traditional MS4s and per requirements f.iv in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.

Attached  Not Attached  Not applicable

**Construction Site Storm Water Management:**

Specific to Traditional MS4s and per requirements a.i in the referenced MCM, attach the adopted ordinance or other regulatory mechanism to require construction storm water controls.

Attached  Not Attached  Not applicable

Specific to Non-Traditional MS4s and per requirements a.ii in the referenced MCM, attach the legal authority summary.

Attached  Not Attached  Not applicable

Per requirements a.iii in the referenced MCM, attach the adopted Enforcement Response Plan and associated documents.

Attached  Not Attached

**Post-Construction Site Storm Water Management in New and Redevelopment**

Per requirements in c.viii in the referenced MCM, attach findings and compliance actions regarding inspections of high priority post-construction storm water management controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements c.ix, attach the findings and resulting actions regarding inspections of high priority privately-owned post-construction storm water management controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
<b>Pollution Prevention/Good Housekeeping for Permittee Operations</b>		
Per requirements in a.iii in the referenced MCM, attach the completed Standard Operating Procedures.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	

<b>2020 Annual Report Attachments (4<sup>th</sup> Calendar Year)</b>		
<b>Public Education and Outreach:</b>		
Per requirements c.ii in the referenced MCM, attach the required information regarding outreach materials distributions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Public Involvement and Participation:</b>		
Per requirements a.ii in the referenced MCM, attach the required information regarding participation and key target audience feedback on approaches.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Illicit Discharge Detection &amp; Elimination:</b>		
Per requirements a.i in the referenced MCM, attach the required information regarding categories of non-storm water discharges or flows, associated pollutants, and local controls or conditions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements b.i in the referenced MCM, attach the required information regarding occasional non-storm water discharges or flows, associated pollutants, and local controls or conditions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements e.ii in referenced MCM, attach the list of high priority outfalls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements e.iii in referenced MCM, attach the required summary of screening results.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements f.iii in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements f.iv in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge		

Investigation and Corrective Action Plan and any associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
<b>Post-Construction Site Storm Water Management in New and Redevelopment</b>		
Specific to Traditional MS4s and per requirements a.i in the referenced MCM, attach the adopted ordinance or other regulatory mechanism to require post-construction storm water controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements a.ii in the referenced MCM, attach the legal authority summary.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Per requirements in a.iii in the referenced MCM, attach the Enforcement Response Plan and associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements in c.viii in the referenced MCM, attach findings and compliance actions regarding inspections of high priority post-construction storm water management controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements c.ix, attach the findings and resulting actions regarding inspections of high priority privately-owned post-construction storm water management controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Per requirements in d.i in the referenced MCM, attach a summary of the discussion outcomes.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Pollution Prevention/Good Housekeeping for Permittee Operations</b>		
Per requirements in a.iii in the referenced MCM, attach the completed Standard Operating Procedures.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	

<b>2021 Annual Report Attachments (5<sup>th</sup> Calendar Year)</b>		
<b>Public Education and Outreach:</b>		
Per requirements c.ii in the referenced MCM, attach the required information regarding outreach materials distributions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Public Involvement and Participation:</b>		
Per requirements a.ii in the referenced MCM, attach the required information regarding participation and key target audience feedback on approaches.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Illicit Discharge Detection &amp; Elimination:</b>		
Per requirements a.i in the referenced MCM, attach the required information regarding categories of non-storm water discharges or flows, associated pollutants, and local controls or conditions.		

<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements b.i in the referenced MCM, attach the required information regarding occasional non-storm water discharges or flows, associated pollutants, and local controls or conditions.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements e.ii in referenced MCM, attach the list of high priority outfalls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Per requirements e.iii in referenced MCM, attach the required summary of screening results.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements f.iii in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
Specific to Non-Traditional MS4s and per requirements f.iv in the referenced MCM, attach the summary of investigations conducted and corrective actions taken per the required Illicit Discharge Investigation and Corrective Action Plan and any associated documents.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
<b>Post-Construction Site Storm Water Management in New and Redevelopment</b>		
Per requirements in c.viii in the referenced MCM, attach findings and compliance actions regarding inspections of high priority post-construction storm water management controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
Specific to Traditional MS4s and per requirements c.ix, attach the findings and resulting actions regarding inspections of high priority privately-owned post-construction storm water management controls.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable
<b>Pollution Prevention/Good Housekeeping for Permittee Operations</b>		
Per requirements in a.iii in the referenced MCM, attach completed Standard Operating Procedures.		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	
<b>Attach any updates, changes, or improvements to the Small MS4 Storm Water Management Program per requirements in Part IV (E).</b>		
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached	<input type="checkbox"/> Not applicable

**Annual Report Form Signature**

**This Annual Report Form must be completed, signed, and certified as follows:**

- **For a corporation, by a principal officer of at least the level of vice president;**
- **For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or**

**For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.**

**All Permittees Must Complete the Following Certification:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA].

*Certification of this form indicates conformance with the 2017 General Permit for Storm Water Discharge Associated with Small Municipal Separate Storm Sewer Systems and the required Annual Reporting upon receipt of permit coverage.*

**Name (Type or Print)**

**Title (Type or Print)**

**Phone Number**

**Signature**

**Date Signed**



## **RESPONSES TO QUESTIONS 1 -5**

- 1) The City of Helena has a storm water utility which charges property owners based on the amount of impervious land they own. The storm water utility collects approximately 1 million dollars annually. 100% of the funds from the storm water utility are used to operate, maintain and manage the City's MS4.

The City of Helena also teams up with Lewis and Clark County to assess property owners between \$8 and \$10 per year which amounts to approximately \$350,000 to fund the Water Quality Protection District (WQPD). These funds are used to preserve, protect and improve water quality with the WQPD, of which, the City of Helena is part of. The WQPD encompasses Prickly Pear Creek and Ten Mile Creek watersheds which the City of Helena is tributary to. The WQPD conducts restoration planning, monitoring, outreach and education activities.

- 2) The City prepares annual budgets for projects and expenditures based on priority. The City prepared a Storm Water Master Plan (Master Plan) in 2003. The 2003 Master Plan is currently being updated. The Master Plan analyzes the storm water system for capacity, treatment and condition and establishes an overall Capital Improvement Plan and identifies priority projects. Priority projects include life/safety concerns, flooding, failing infrastructure, water quality and maintenance improvements. City management and staff meet on a regular basis throughout the year to discuss projects and assign priorities. City management and staff also meet bimonthly in administration meeting with City Commission and at City Commission meetings which are open to the public to discuss projects and priorities of City staff.
- 3) The City has demonstrated program effectiveness to obtain budget allocations by utilizing the Storm Water Master Plan and actively pursuing and updating the Storm Water Master Plan; by responding to MS4 requirements and needs through the development of a Storm Water Management Plan and Engineering Design Standards; by continuing ongoing storm water quality programs, operation, inspection and maintenance of the storm water system; and by development of additional activities and reporting as needed or as required by the MS4 program. The program effectiveness metrics presented include: storm water monitoring results, capital expenditures on storm water projects, quantity of storm water treated, quantity of storm water system inspected, completion of maintenance projects, quantity of material removed from streets and the storm water system, ability to clean up illicit discharges, coordination/review/implementation of storm water treatment facilities for developments, and inspections of construction project and storm water system components.
- 4) This year's approach to allocated resources built upon the program developed in prior years. Effective programs were continued, existing programs were updated and new programs were added as needed. Some examples of resource allocations include: continuation of the storm

sewer inspection and street sweeping programs, preparing significant updates to the Storm Water Master Plan and the Storm Water Management Plan, and focused staff reviews of development projects to incorporate effective low impact development and water quality treatment.

- 5) The permittee was successful in their requests for budget allocations. The outcome of the budget allocation requests include continuation of storm water programs described above in question 4. The outcome of some of the budget allocation requests include design by City storm water staff and construction by contract of the Henderson Street Drainage and Erosion Control Improvement Project, a \$300,000 capital improvement project; and design by City storm water staff and construction by contract of the DNRC Regional Detention Pond Water Quality Improvements (a \$40,000 capital improvement project). Factors that affected the outcome of the Henderson Street Drainage and Erosion Control Project described above include erosion and safety concerns related to the open channel along Henderson Street which was put in a closed pipe to eliminate the erosion and safety issues related to an open channel alongside a road. Factors that affected the outcome of the DNRC Regional Detention Pond Water Quality Improvements include the need to improve storm water quality from urban runoff as mandated by the MS4 General Permit.

## Storm Water Monitoring Data



Helena Storm Water Sample Results

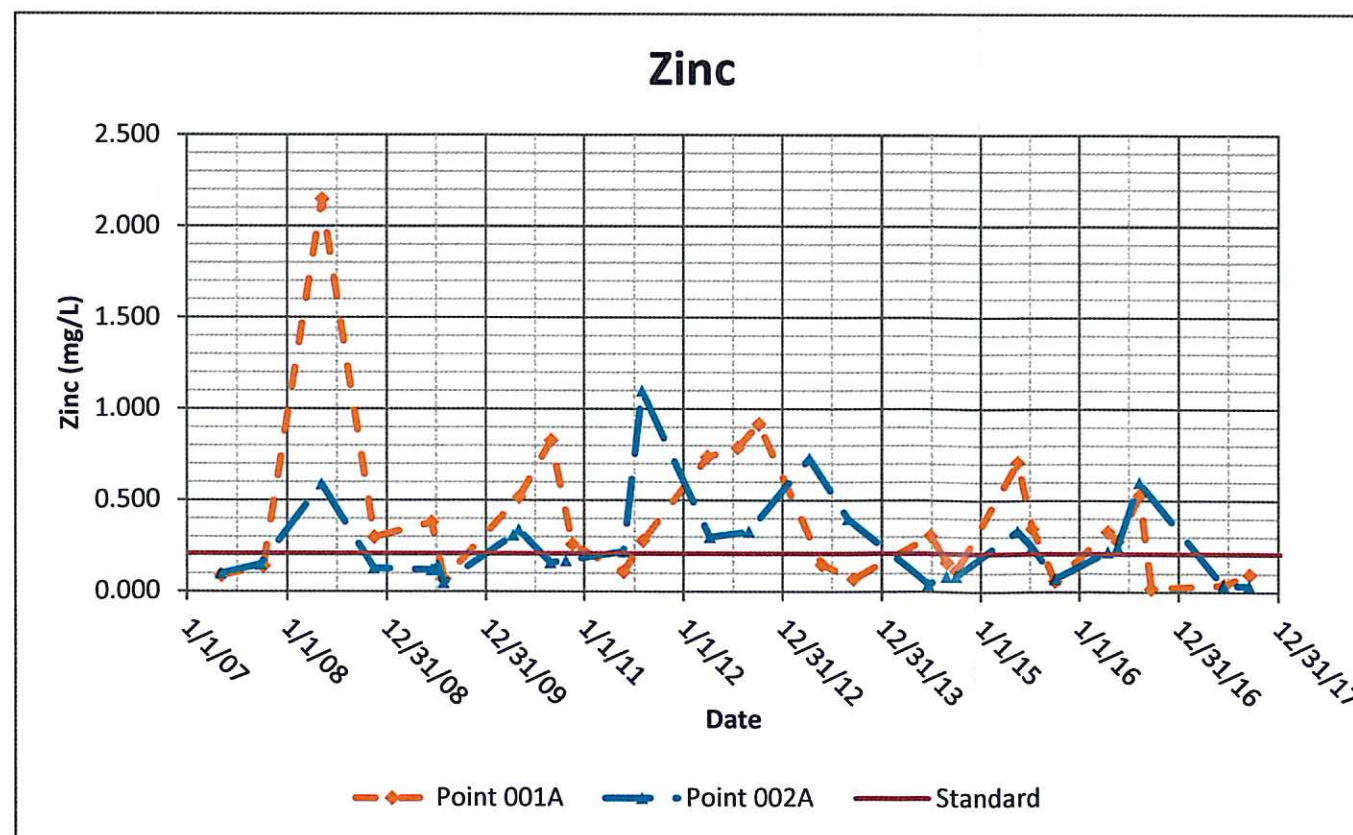
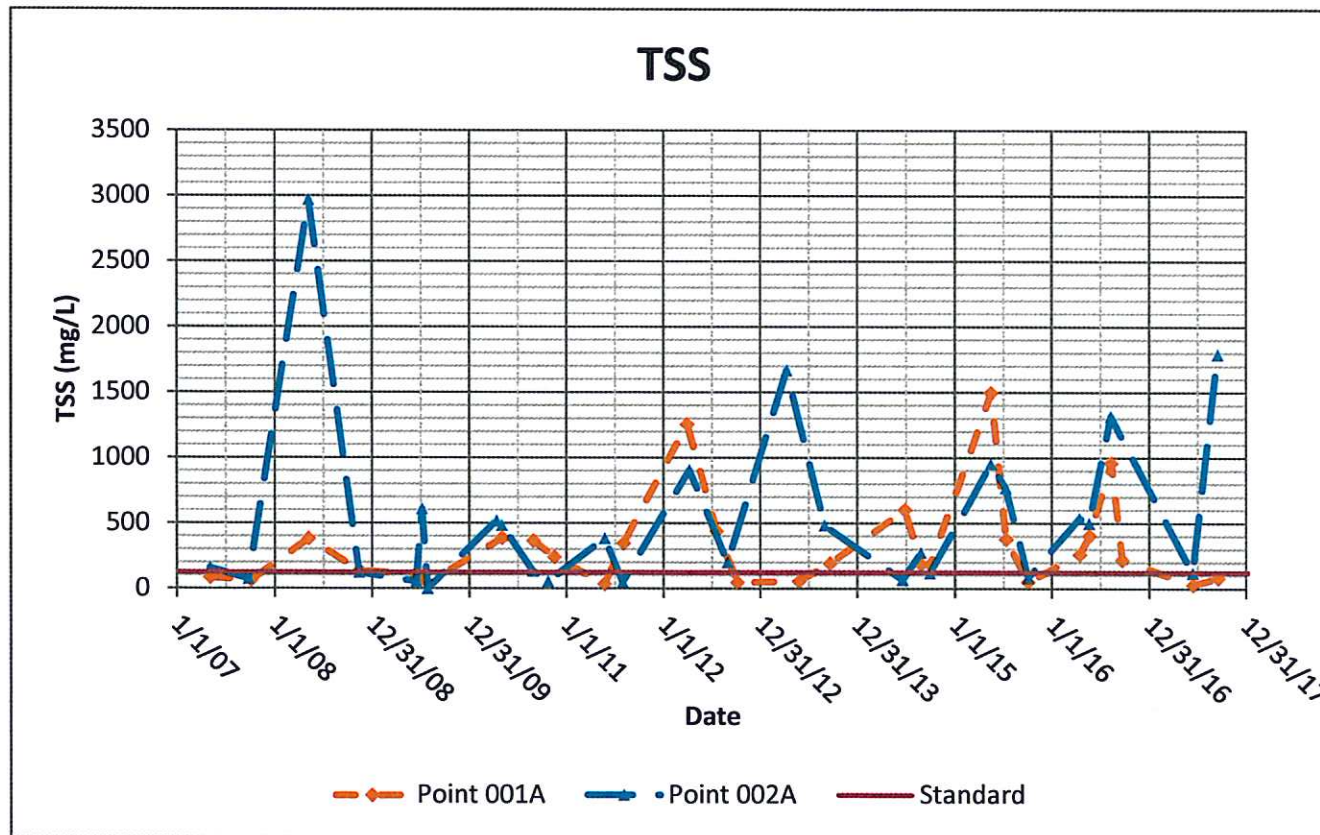
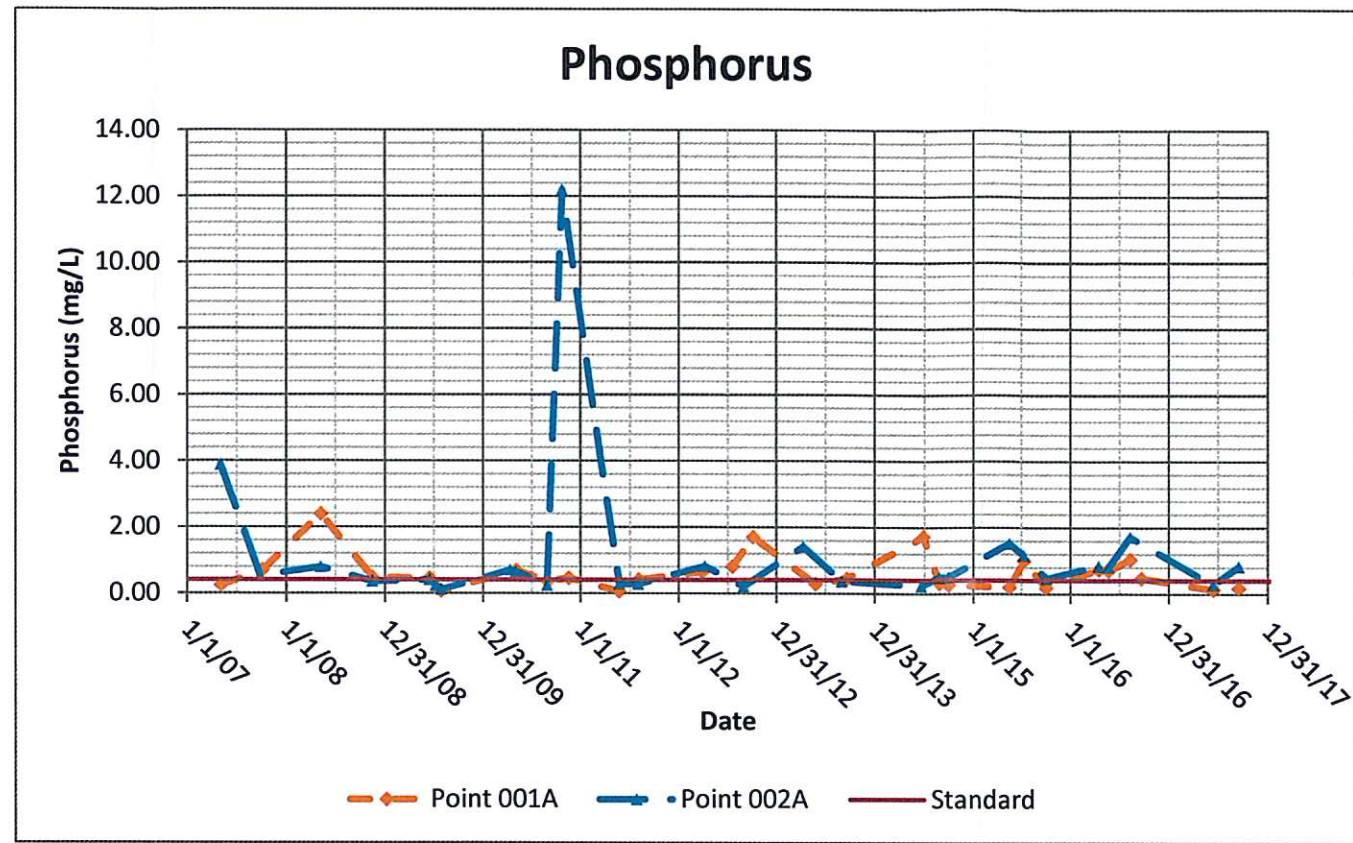
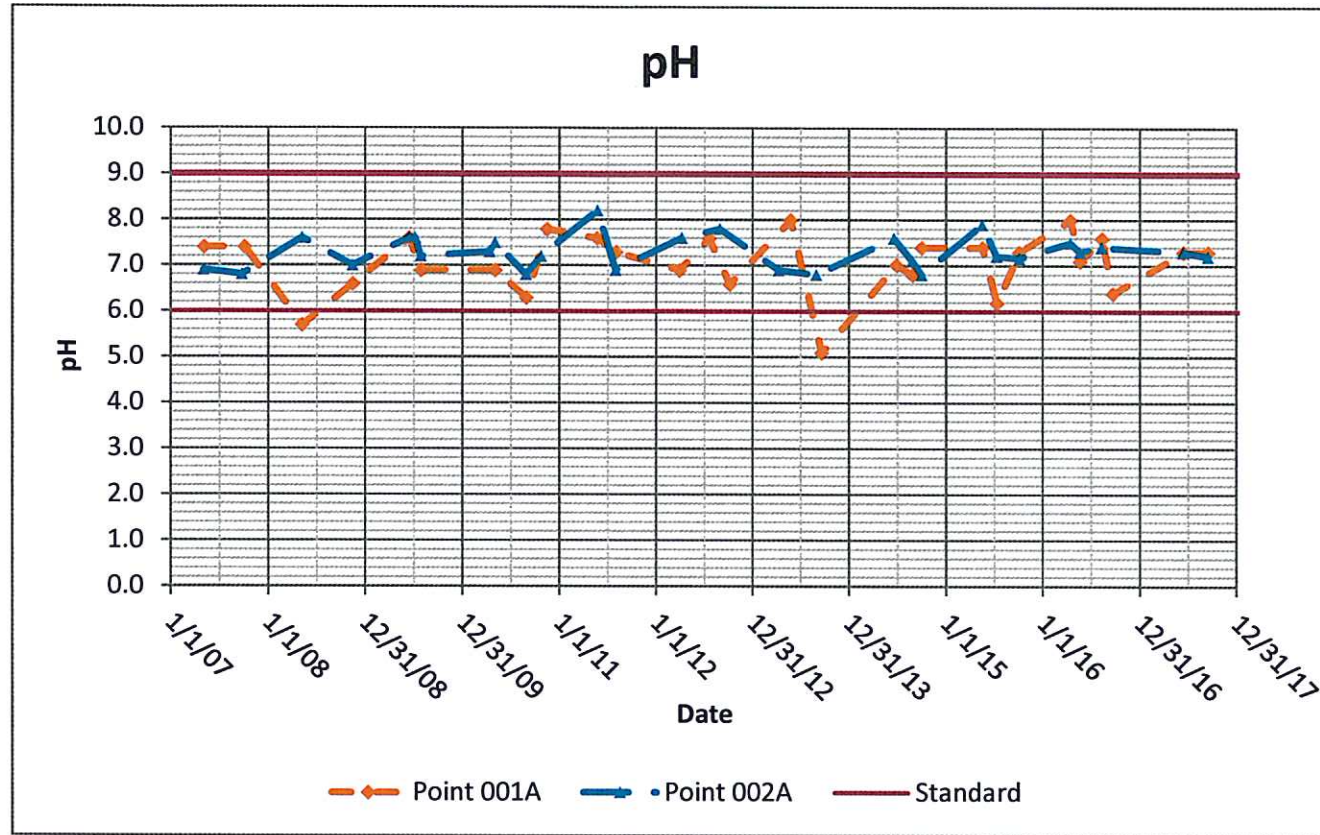
Sample Location	Discharge Number	Date	Flow Rate (gal/min)	pH (s.u.)	TSS	Parameter (mg/L unless shown)					COD
						Oil & Grease	Nitrogen	Phosphorus	Zinc	Copper	
EPA NURP Median Concentration Industrial/ Commercial Area  18th Street near Walmart GIS id: BR-1-92-7-3	001A	5/3/2007	14	7.4	88	10	2.00	0.41	0.210	0.165	80
		10/3/2007	98	7.4	68	4.9	1.02	0.71	0.090	0.020	29
		5/6/2008	87	5.7	384	9	2.69	2.40	2.150	0.440	330
		11/13/2008	39	6.6	140	8.8	0.86	0.48	0.300	0.050	900
		6/14/2009	50	7.6	112	9.3	1.31	0.46	0.380	0.030	390
		7/28/2009	1400	6.9	44	4.1	0.46	0.08	0.070	ND	0.030
		5/3/2010	350	6.9	390	7.3	0.92	0.70	0.520	0.060	100
		8/29/2010	225	6.3	368	14	0.05	0.37	0.830	0.080	110
		11/16/2010	91	7.8	244	9	0.64	0.47	0.260	0.030	65
		5/22/2011		7.6	38	6.5	0.43	0.07	0.110	0.010	0.030
		8/2/2011	350	7.3	349	8.4	0.49	0.42	0.280	0.050	75
		3/28/2012		6.9	1260	5	0.39	0.66	0.740	0.174	130
		7/17/2012	550	7.6	442	5	1.46	0.82	0.790	0.066	92
		10/3/2012	180	6.6	50	5	2.52	1.71	0.920	0.034	1300
		5/23/2013	269	8.0	60	<1	0.15	0.29	0.150	0.030	22
		9/17/2013	314	5.1	196	4	0.04	0.45	0.070	0.004	470
		6/25/2014	283	7.0	604	2	0.19	1.73	0.308	0.126	0.073
		8/25/2014	426	6.8	188	<1	<0.01	0.32	0.162	0.017	0.006
		9/29/2014	247	7.4	189	1	0.1	0.27	0.117	0.021	0.013
		5/16/2015	202	7.4	1500	5	1.01	0.20	0.711	0.142	0.135
		7/10/2015	404	6.2	380	<1	0.21	1.01	0.348	0.043	0.089
		10/1/2015	539	7.3	53	1	0.17	0.19	0.061	0.008	0.023
		4/14/2016	134	8.0	264	<1	0.50	0.74	0.330	0.090	0.060
		5/20/2016	718	7.1	408	<1	<0.1	0.71	0.280	0.040	0.050
		8/9/2016	582	7.6	964	3	<0.1	1.05	0.530	0.070	0.080
		9/20/2016	157	6.4	224	<1	0.37	0.48	0.020	0.020	0.050
		6/13/2017	20	7.3	33	<1	0.04	0.14	0.039	0.004	0.001
	9/15/2017	1	7.3	84	<1	0.12	0.18	0.098	0.012	0.012	
Residential Area  Broadway and Sanders GIS Id: DG-3-9	002A	5/3/2007	6.46	6.9	160	12	2.23	3.88	0.100	0.020	0.040
		9/24/2007	85	6.8	76	13	0.76	0.53	0.150	ND	0.030
		5/6/2008	215	7.6	2970	25	1.17	0.79	0.590	0.120	0.130
		11/13/2008	51.34	7.0	124	6.1	0.35	0.36	0.130	0.020	0.040
		6/15/2009	5400	7.6	56	3.4	0.88	0.40	0.120	ND	0.040
		7/7/2009	400	7.6	610	5.3	0.53	0.23	0.140	0.020	0.050
		7/28/2009	3000	7.2	ND	4.1	0.50	0.11	0.050	ND	0.010
		4/13/2010	30	7.3	520	5.1	1.58	0.70	0.310	0.050	0.090
		5/3/2010	1250	7.5	485	7.2	0.41	0.64	0.340	0.050	0.090
		8/28/2010	115	6.8	134	7.8	0.89	0.24	0.160	0.020	0.040
		10/24/2010	19	7.2	56	4.8	0.52	12.20	0.170	ND	0.050
		5/24/2011	1000	8.2	386	5.1	0.31	0.28	0.220	0.040	0.050
		7/31/2011	3500	6.9	50	7.1	0.61	0.28	1.100	0.150	0.190
		4/6/2012	100	7.6	908	5	1.14	0.82	0.300	0.041	0.063
		8/28/2012	21	7.8	201	4	0.33	0.21	0.330	0.035	0.056
		4/8/2013	1122	6.9	1670	6	2.20	1.41	0.730	0.152	0.187
		8/29/2013	358	6.8	484	3	0.17	0.37	0.400	0.066	0.077
		6/17/2014	359	7.6	70	<1	0.08	0.23	0.041	<0.01	0.083
		8/25/2014	673	7.1	276	<1	0.58	0.49	0.084	0.018	<0.01
		9/29/2014	112	6.8	121	1	<0.01	0.50	0.087	0.008	0.039
		5/16/2015	76	7.9	956	3	1.42	1.52	0.334	0.053	0.065
		7/10/2015	22	7.2	772	3	0.41	1.16	0.247	0.034	0.079
		10/3/2015	49	7.2	85	1	0.01	0.46	0.073	0.007	0.018
		4/14/2016	112	7.5	540	1	0.60	0.84	0.220	0.030	0.040
		5/20/2016	157	7.3	500	1	0.03	0.81	0.250	0.030	0.060
		8/9/2016	1792	7.4	1320	4	0.02	1.72	0.600	0.060	0.070
		6/13/2017	1	7.3	121	<1	0.25	0.28	0.036	0.004	0.023
	9/15/2017	1	7.2	1792	<1	0.53	0.83	0.03	0.05	0.093	
Last Chance Gulch at Confluence of Oro Fino and Grizzly Gulches	003A										
	004A	1/14/2010	NA	7.7	432	13	1.35	0.45	0.330	0.060	0.070
Nature Park Inlet (north of RR)		2/22/2012	NA	7.9	387	4	0.40	0.70	0.180	0.047	0.045
Nature Park Outlet d.s. of Cole Avenue	004B										
	005A-1										
Henderson Pond Complex Inlet d.s. of Allison St Pond											
Henderson Pond Complex Inlet at Joslyn u.s. of RR											
Hnederson Pond Complex Outlet into Custer Wetlands	005A-2										
	005B										
Kmart Pond Inlet	NA	1/14/2010	NA	7.5	944	20	2.72	0.65	0.52	0.10	0.09
		5/24/2011	NA	8.0	58	1.5	0.86	0.09	ND	ND	0.09
		2/22/2012	NA	8.2	578	4	0.43	0.70	0.31	0.12	0.07
		7/16/2013	NA	8.2	<10	<1	6.64	0.04	<0.01	<0.001	<0.005
		3/10/2014	NA	8.1	250	2	0.62	0.69	0.07	0.03	0.04
Kmart Pond Outlet		7/16/2013	NA	8.3	ND	1	0.01	0.07	ND	ND	39
Hunters Pointe at Outlet Structure	NA	5/24/2011	NA	8.0	58	1.5	0.86	0.09	0.04	ND	34
		2/22/2012	NA	8.0	78	6	0.33	0.33	0.04	0.01	0.01
		7/16/2013	NA	8.3	<10	<1	0.01	0.07	<0.01	<0.001	30
		3/10/2014	NA	7.9	72	<1	0.44	0.45	0.03	0.01	0.027
Henderson Pond Complex at Silsbee	NA	2/22/2012	NA	8.3	490	4	0.20	0.74	0.29	0.06	0.061
		3/10/2014	NA	7.8	6	<1	2.51	0.20	0.01	<0.01	0.023
Nature Park Inlet (north of RR)	NA	1/14/2010	NA	7.7	432	13	1.35	0.45	0.330	0.060	0.070
		2/22/2012	NA	7.9	387	4	0.40	0.70	0.180	0.047	0.045
Custer Wetland at crossing near Fairgrounds	NA	3/10/2014	NA	7.8	34	<1	0.22	0.37	0.027	0.009	0.029
		3/10/2014	NA	7.9	96	<1	0.42	0.44	0.037	0.014	0.030
I-15 Crossing to Regional Pond	NA	3/10/2014	NA	7.7	49	<1	0.70	0.32	0.023	0.008	0.027
Custer Regional Pond 6 Overflow	NA	9/14/2017	NA	7.0	300	<1	1.41	0.43	0.056	0.072	0.114
DNRC Pond West Inlet	NA	9/14/2017	NA	7.2	868	<1	1.51	0.69	0.271	0.036	0.072
DNRC Pond East Inlet	NA	9/14/2017	NA	7.2	140	<1	1.96	0.33	0.322	0.018	0.105
DNRC Pond Outlet	NA	9/14/2017	NA	6 to 9	125	10	2.00	0.41	0.210	0.165	0.040
EPA NURP Median Concentration											80

Notes:

Bold = Measured parameter exceeds receiving water standards or 1992 EPA NURP median concentration.

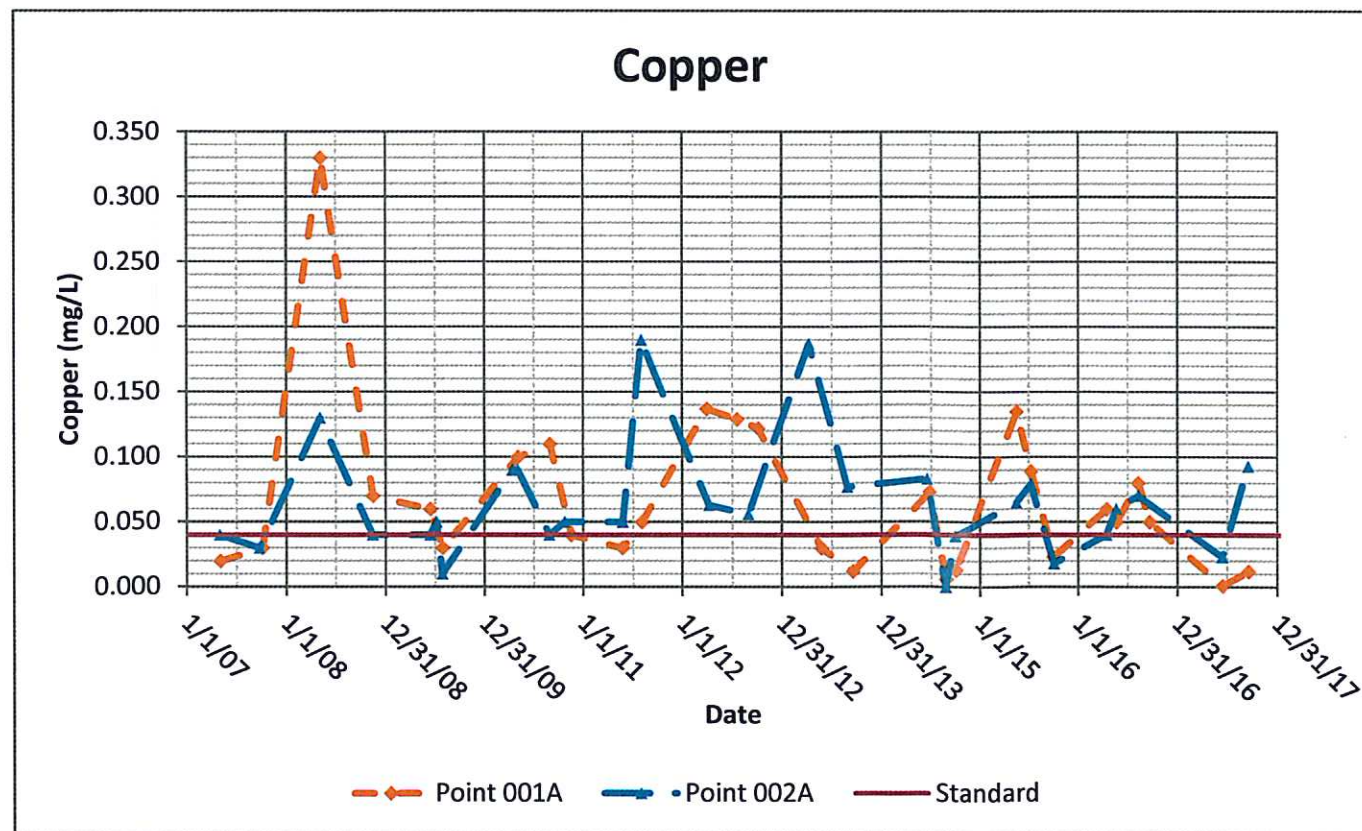
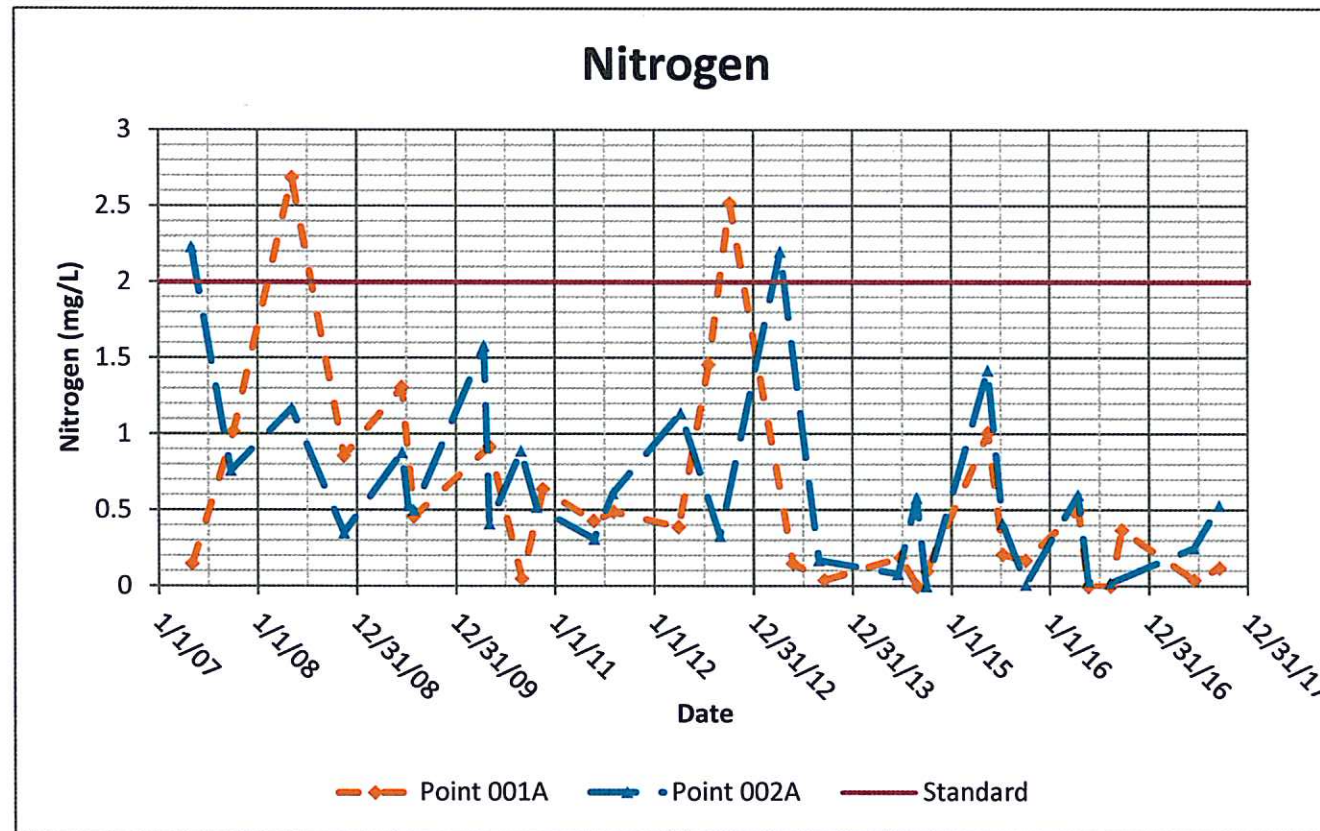
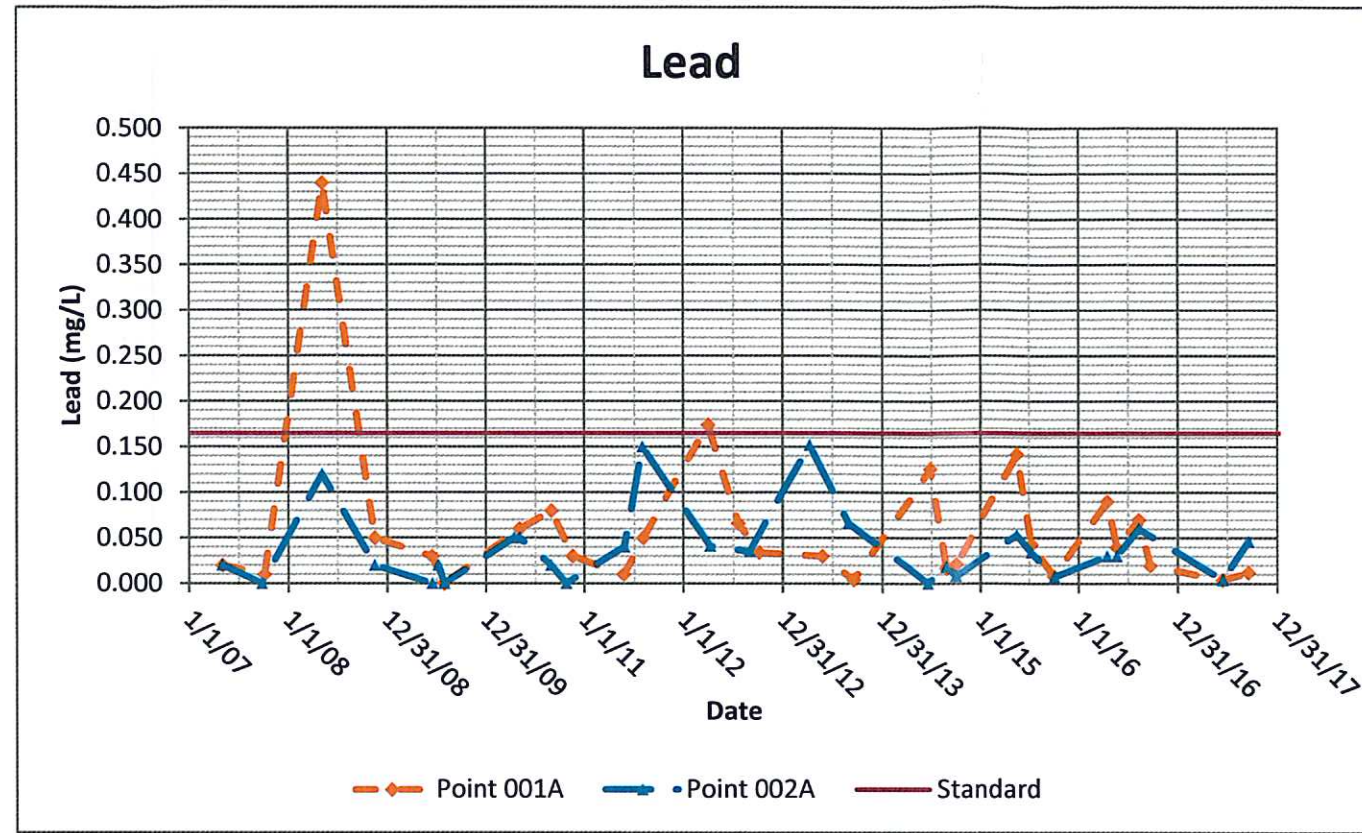
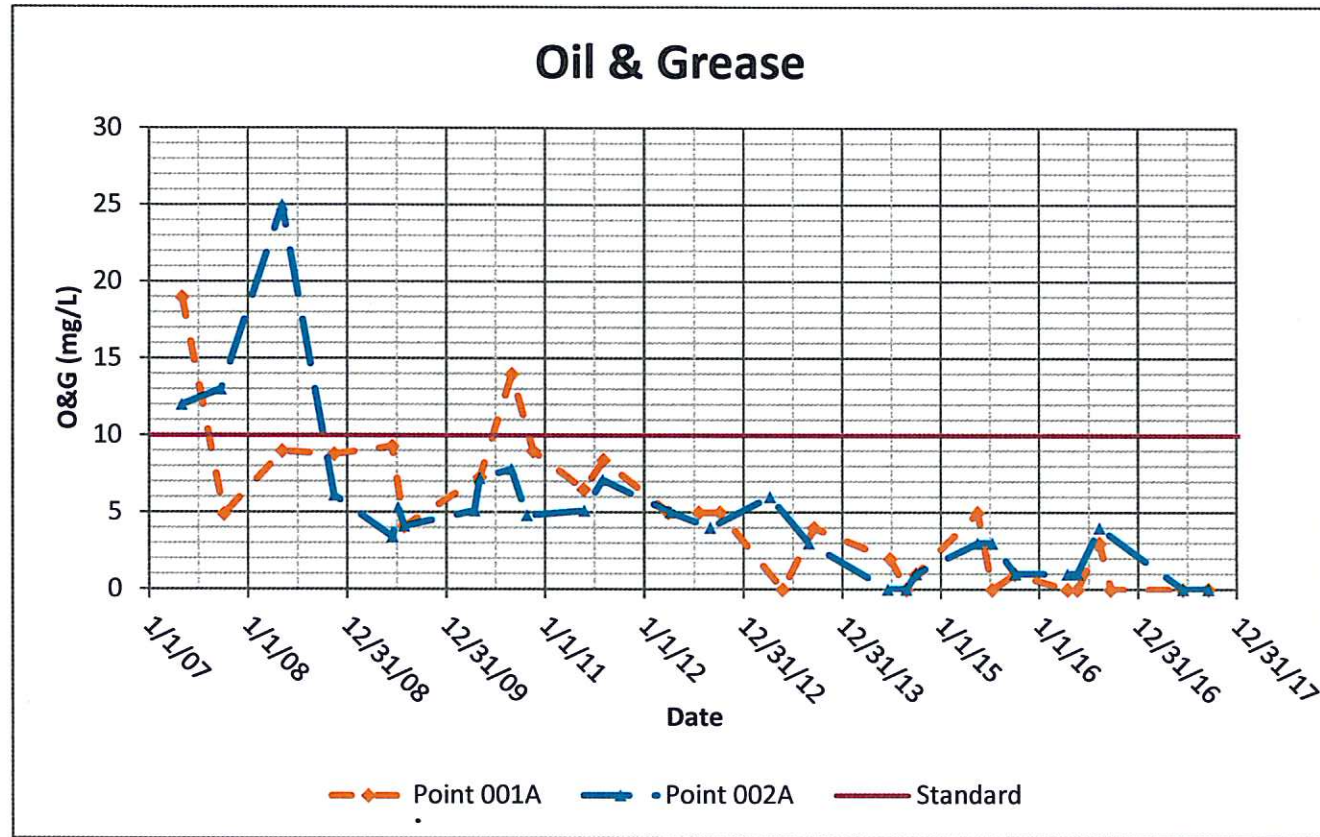


Sample Results Calculations and Evaluations



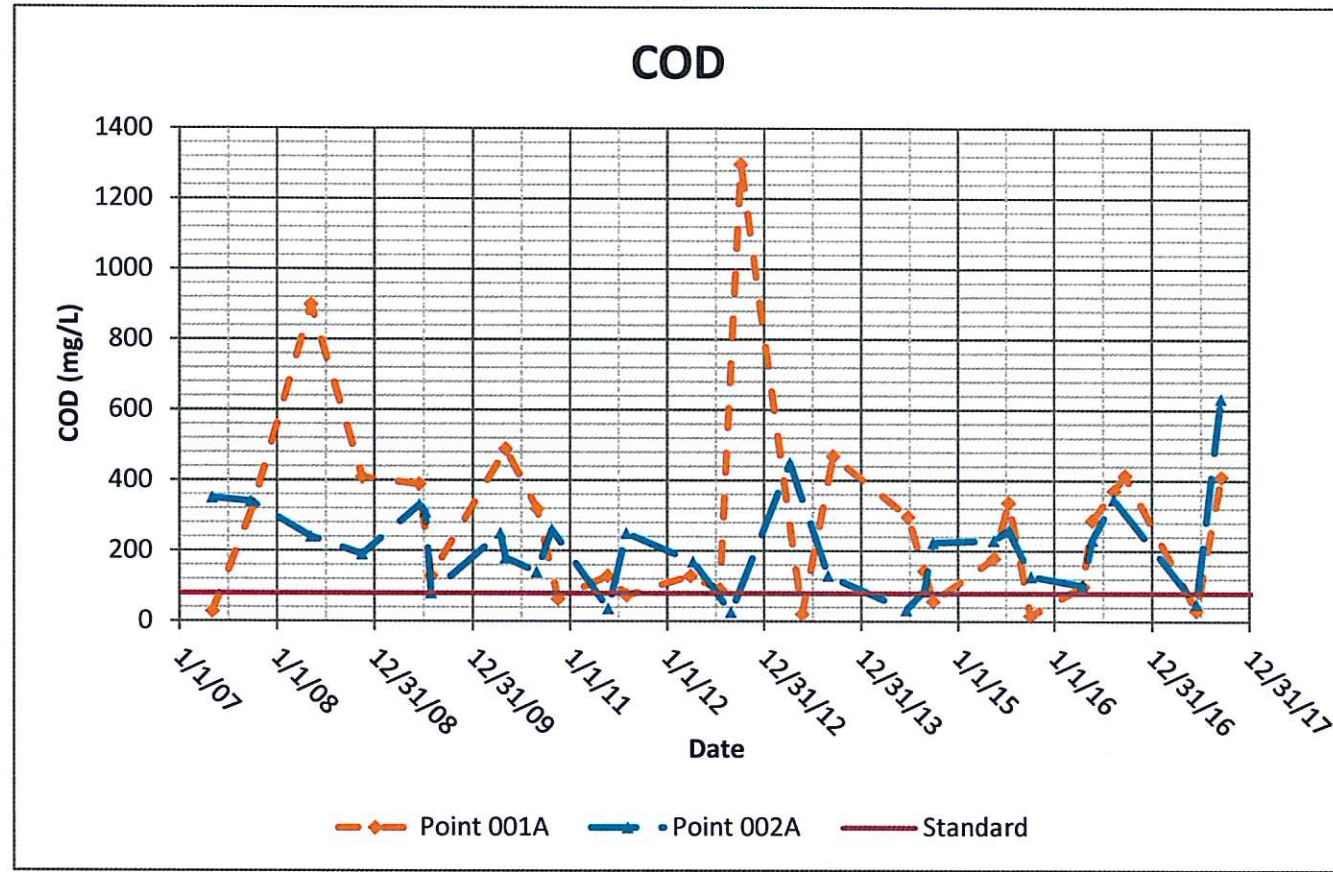


Sample Results Calculations and Evaluations



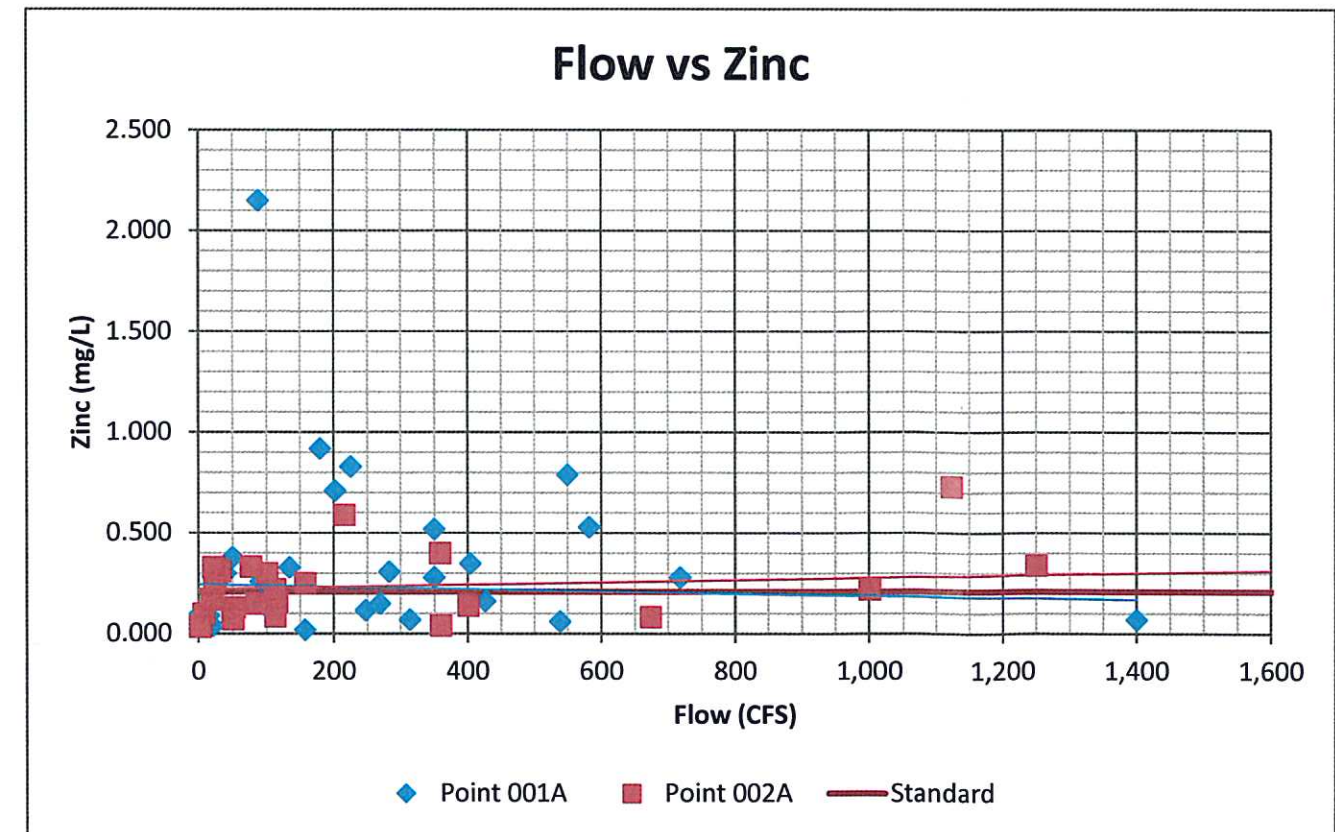
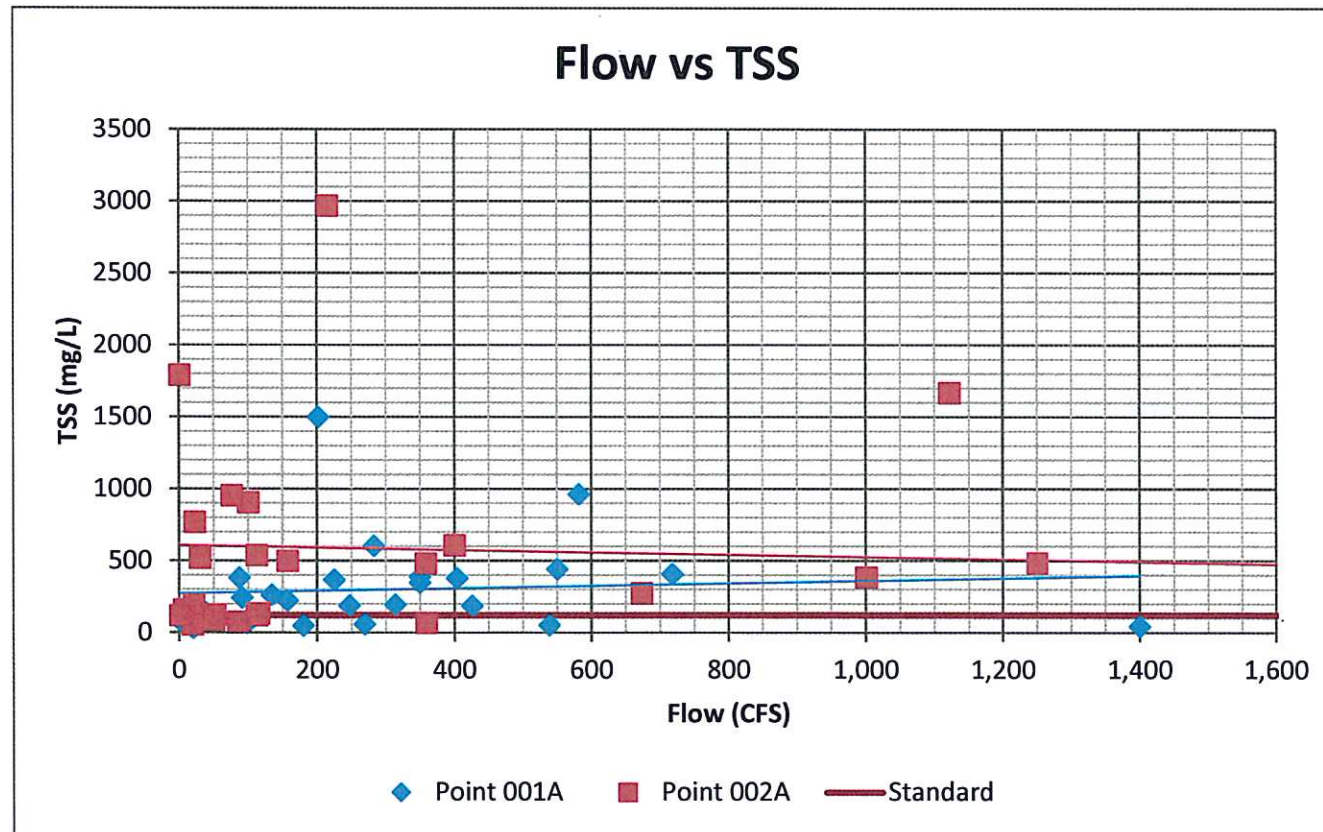
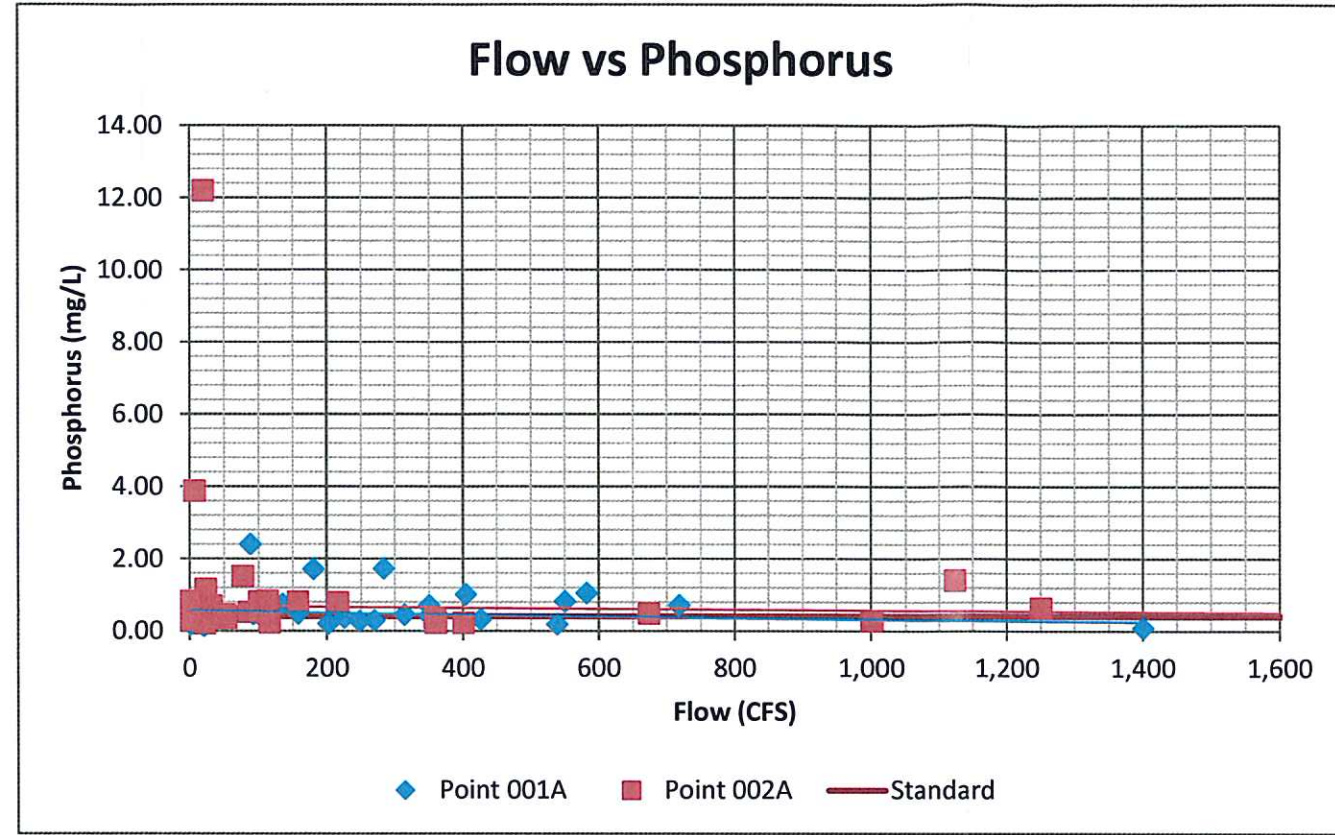
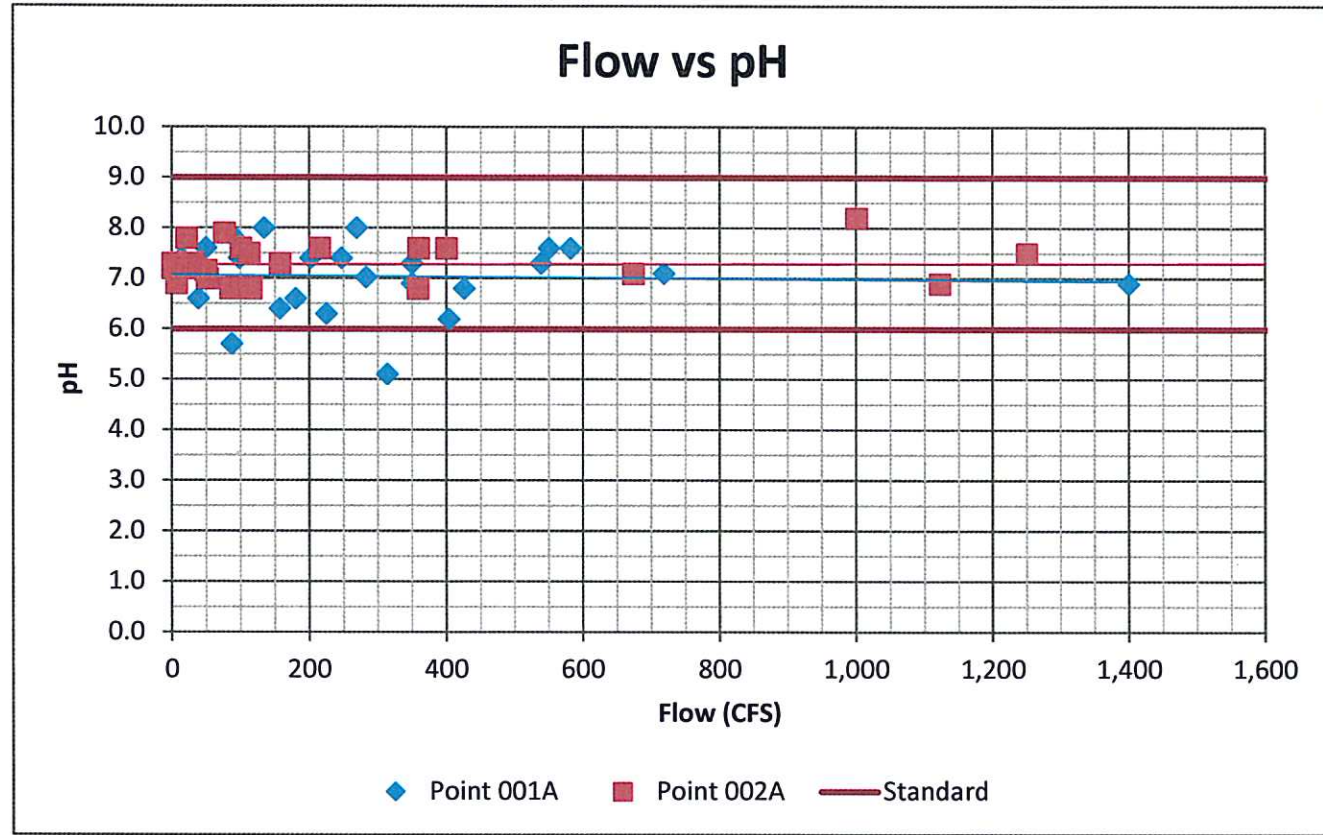


Sample Results Calculations and Evaluations



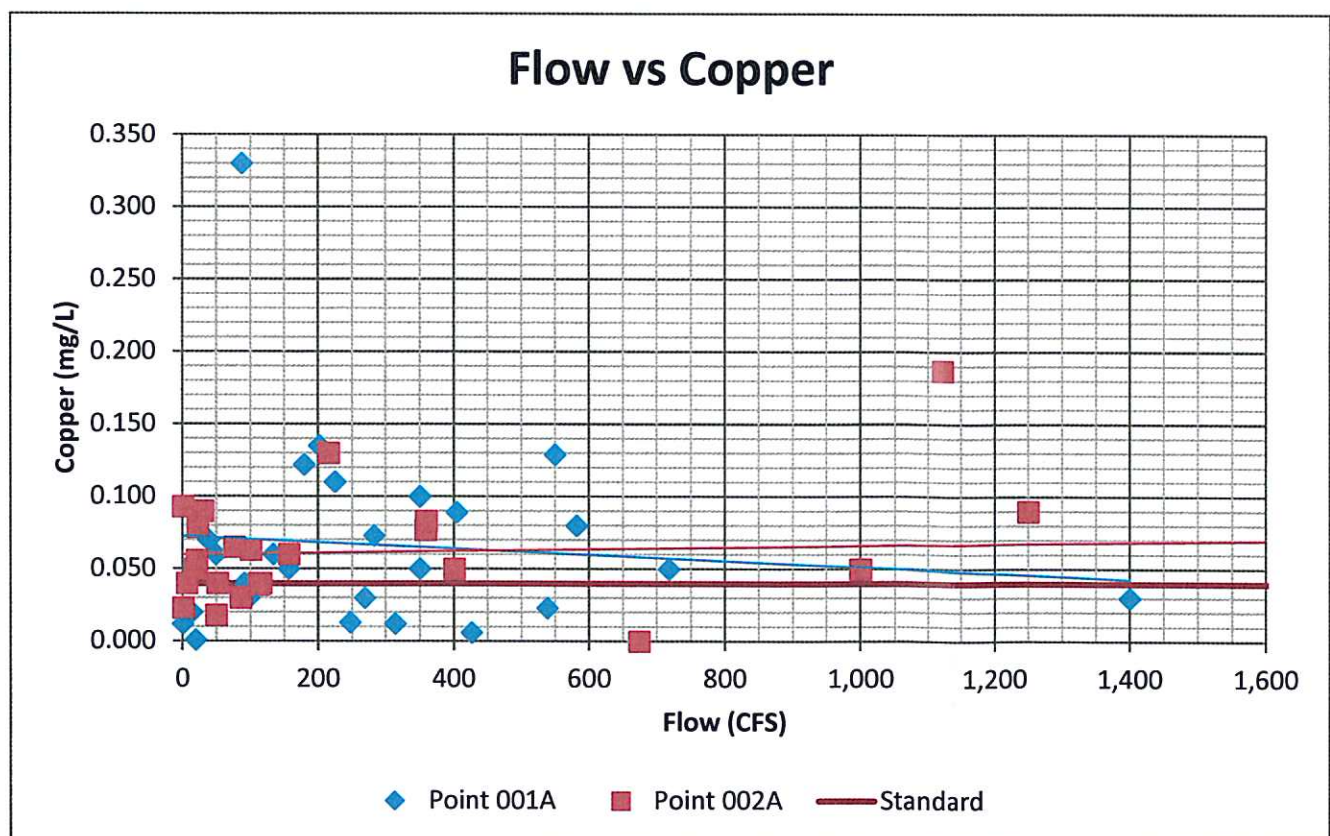
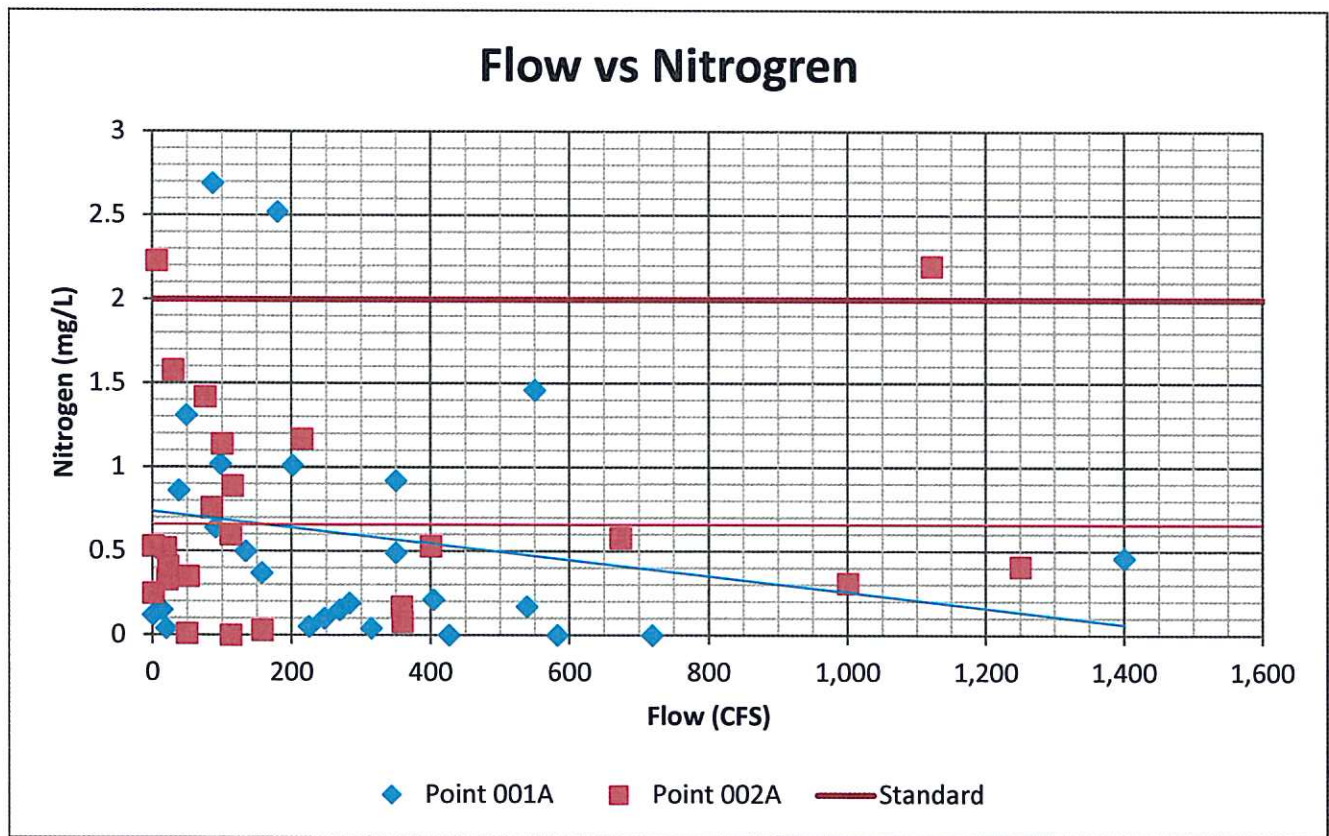
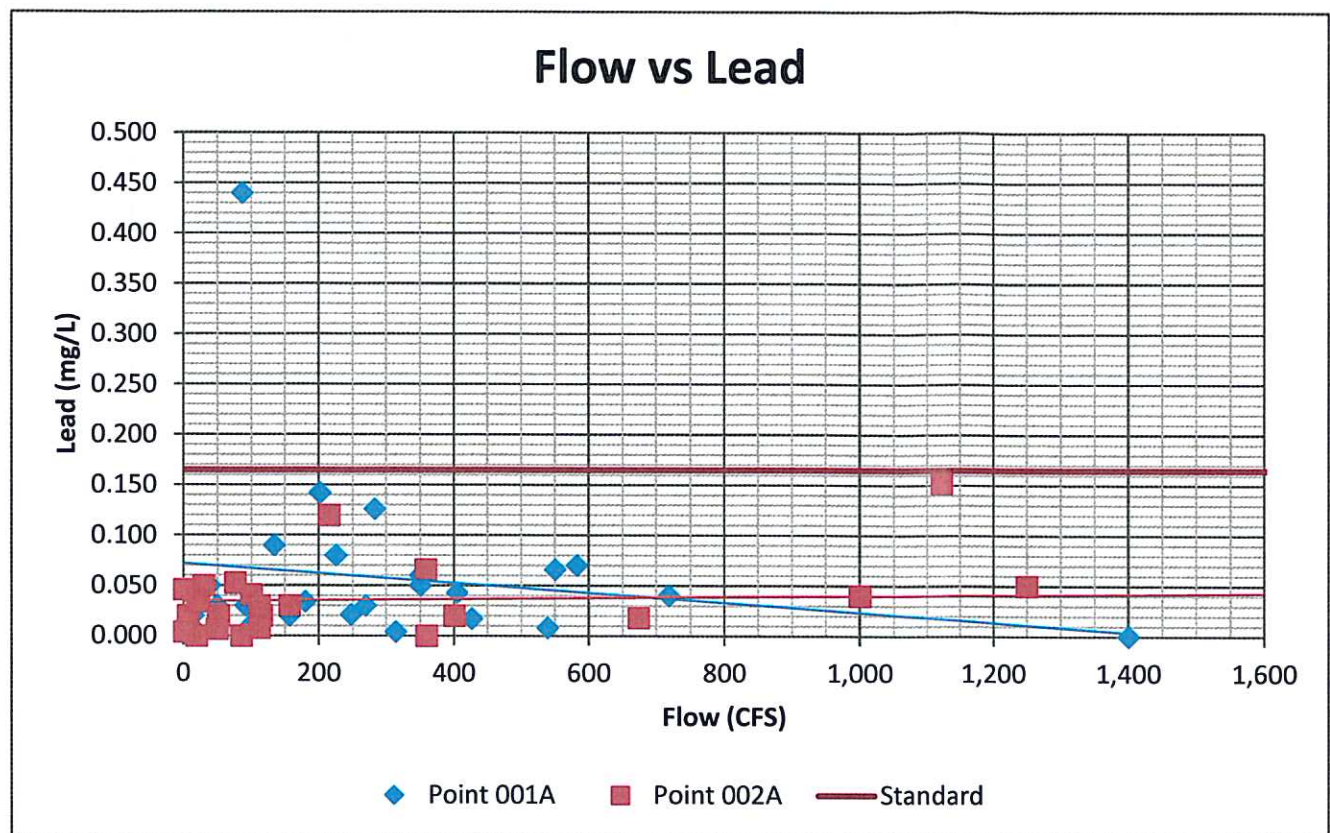
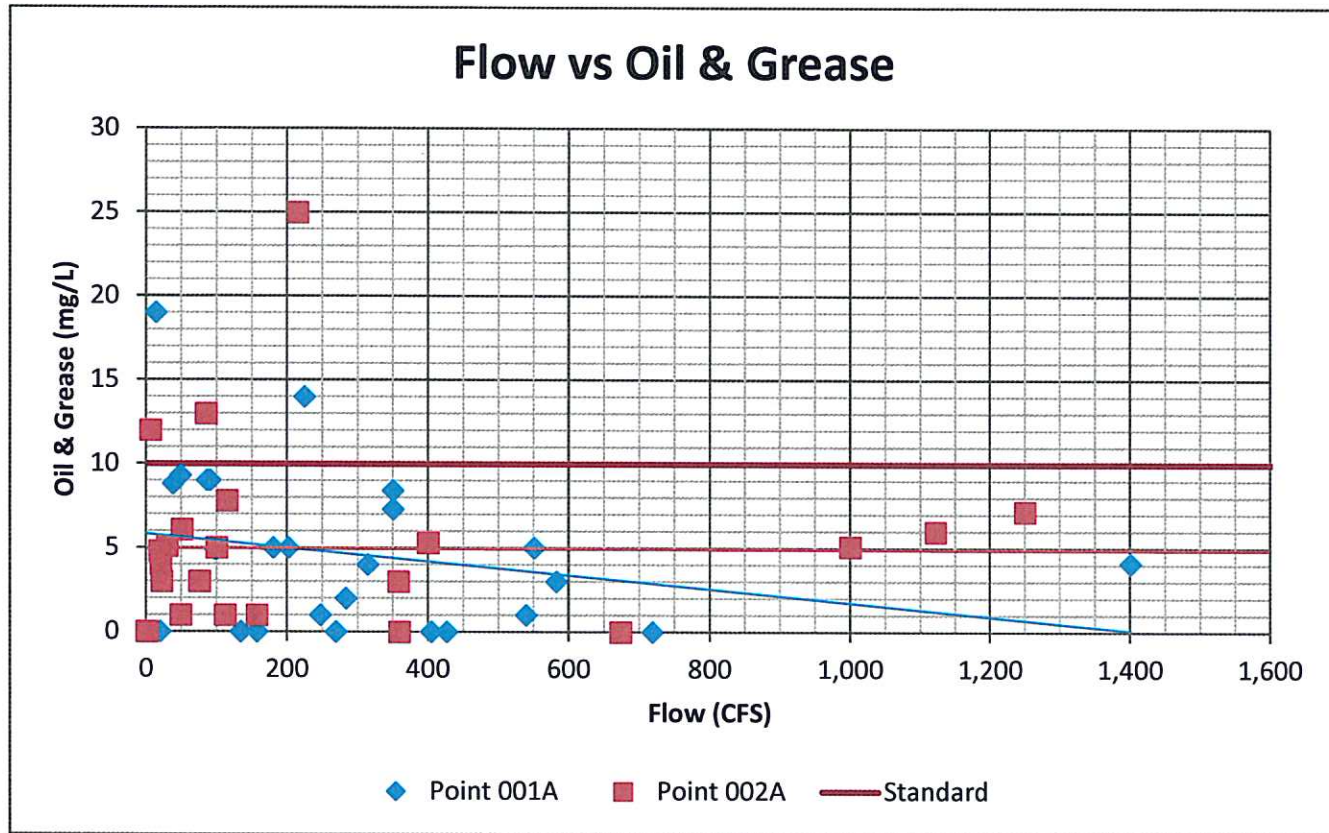


### Sample Results Calculations and Evaluations



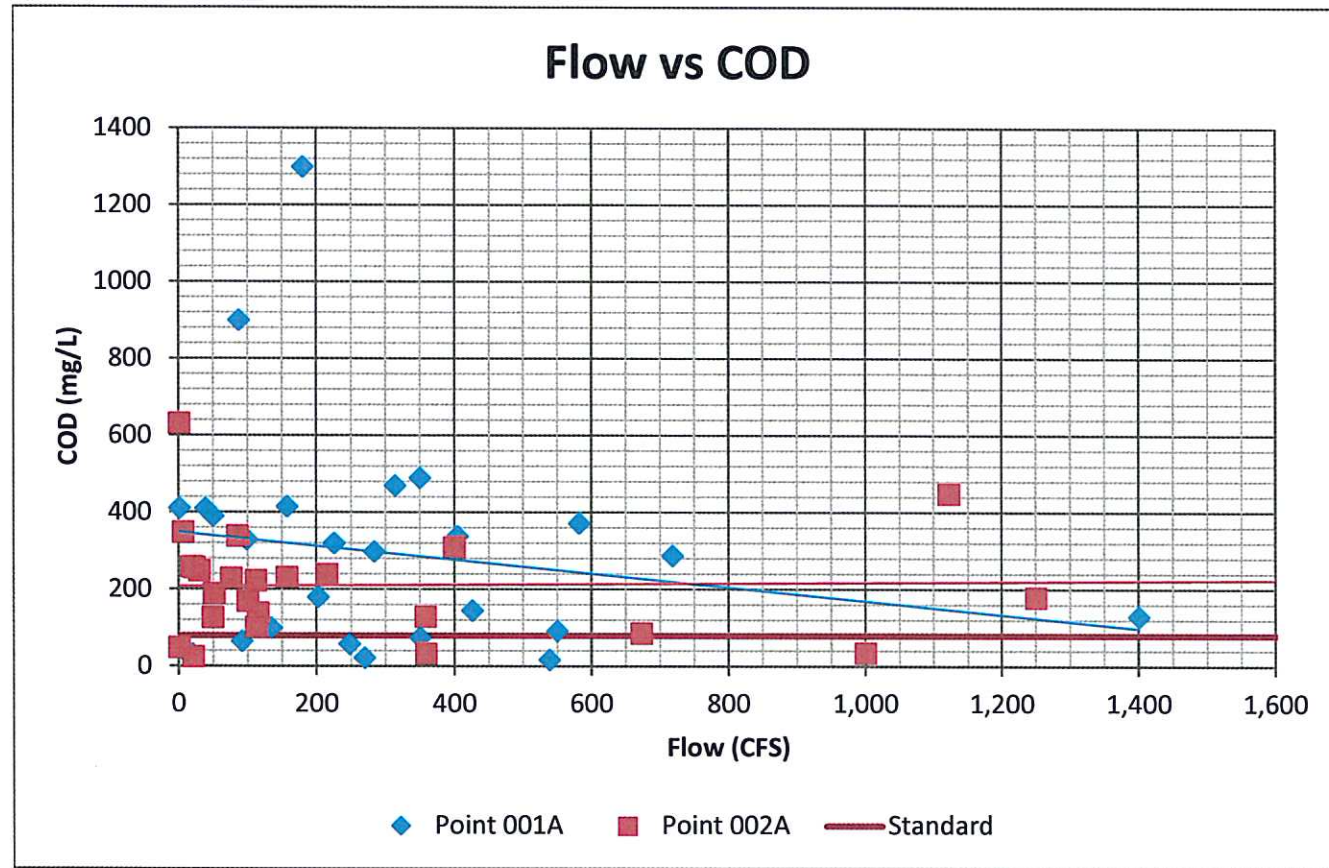


Sample Results Calculations and Evaluations





Sample Results Calculations and Evaluations



## **MCM 3**

# **Illicit Discharge Detection and Elimination**

## **Outfall Inspections**

**CITY OF HELENA**  
**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 1: Background Data**

Subwatershed: West Side	Outfall ID: 001
Today's date: 7-18-17	Investigators: Matt Culpo
Weather: Clear and Warm	Rainfall (in.): Last 24 hours: 0.0      Last 48 hours: 0.0
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space <input type="checkbox"/> Golf Course
<input type="checkbox"/> Ultra-Urban Residential (High Density)	<input type="checkbox"/> Institutional
<input checked="" type="checkbox"/> Suburban Residential	Other: _____
<input type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known): East Simmons Storm Water Pond	

**Section 2: Outfall Description**

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Pipe	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 30 inch _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

**Section 3: Quantitative Characterization**

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	_____ ' _____"	Ft, In	Tape measure
	Measured length	_____ ' _____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Conductivity		EC	Probe	
Ammonia		mg/L	Test strip	

**CITY OF HELENA  
OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**  
Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK IF Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	Sec severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK IF Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? No**



**CITY OF HELENA  
OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK IF Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?** No





**CITY OF HELENA**  
**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion	<input type="checkbox"/> Peeling Paint
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? No**

**CITY OF HELENA**

**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 1: Background Data**

Subwatershed: Westside	Outfall ID: 004
Today's date: 7-18-17	Investigators: Matt Culpo
Weather: Clear and Warm	Rainfall (in.): Last 24 hours: 0.0      Last 48 hours: 0.0
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space <input type="checkbox"/> Golf Course
<input type="checkbox"/> Ultra-Urban Residential (High Density)	<input type="checkbox"/> Institutional
<input type="checkbox"/> Suburban Residential	Other: Fair grounds _____
<input type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known): Fairgrounds Detention Pond	

**Section 2: Outfall Description**

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Pipe	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 18 inch _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

**Section 3: Quantitative Characterization**

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	_____ ' _____ "	Ft, In	Tape measure
	Measured length	_____ ' _____ "	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Conductivity		EC	Probe	
Ammonia		mg/L	Test strip	

**CITY OF HELENA**  
**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? No**

**CITY OF HELENA**  
**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 1: Background Data**

Subwatershed: West Side	Outfall ID: 005
Today's date: 7-18-17	Investigators: Matt Culpo
Weather: Clear and Warm	Rainfall (in.): Last 24 hours: 0.0      Last 48 hours: 0.0
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <input type="checkbox"/> Ultra-Urban Residential (High Density) <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Open Space <input type="checkbox"/> Golf Course <input type="checkbox"/> Institutional Other: _____ Known Industries: _____
Notes (e.g., origin of outfall, if known): North Stone Meadows Detention Pond	

**Section 2: Outfall Description**

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 8 inch _____  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

**Section 3: Quantitative Characterization**

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	_____ " _____ "	Ft, In	Tape measure
	Measured length	_____ " _____ "	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Conductivity		EC	Probe	
Ammonia		mg/L	Test strip	

**CITY OF HELENA  
OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? No**

**CITY OF HELENA**

**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 1: Background Data**

Subwatershed: West Side		Outfall ID: 006	
Today's date: 7-18-17		Investigators: Matt Culpo	
Weather: Clear and Warm	Rainfall (in.):	Last 24 hours: 0.0	Last 48 hours: 0.0
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space	<input type="checkbox"/> Golf Course	
<input type="checkbox"/> Ultra-Urban Residential (High Density)	<input type="checkbox"/> Institutional		
<input checked="" type="checkbox"/> Suburban Residential	Other: _____		
<input type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known): Central Stone Meadows Detention Pond			

**Section 2: Outfall Description**

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 10 inch _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

**Section 3: Quantitative Characterization**

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Conductivity		EC	Probe	
Ammonia		mg/L	Test strip	

**CITY OF HELENA**  
**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? No**





**CITY OF HELENA**  
**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? No**



**CITY OF HELENA  
OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? Minor removal of sediment and vegetation at outfall into pond.**



**CITY OF HELENA**  
**OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET**

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? Minor erosion and sedimentation into pond.**





POND OUTLET - OUTFALL 1



OUTFALL 2 - POND OUTLET





OUTFALL 3 - HENDERSON POND EAST OUTLET



OUTFALL 4 - HENDERSON POND WEST OUTLET





OUTFALL 4 - FERGUSONS POND INLET





OUTFALL 4 - FAIRGROUNDS POND OUTLET



OUTFALL 5 - NORTH POND OUTLET





OUTFALL 6 - CENTRAL POND OUTLET



OUTFALL 7 - SOUTH POND OUTLET



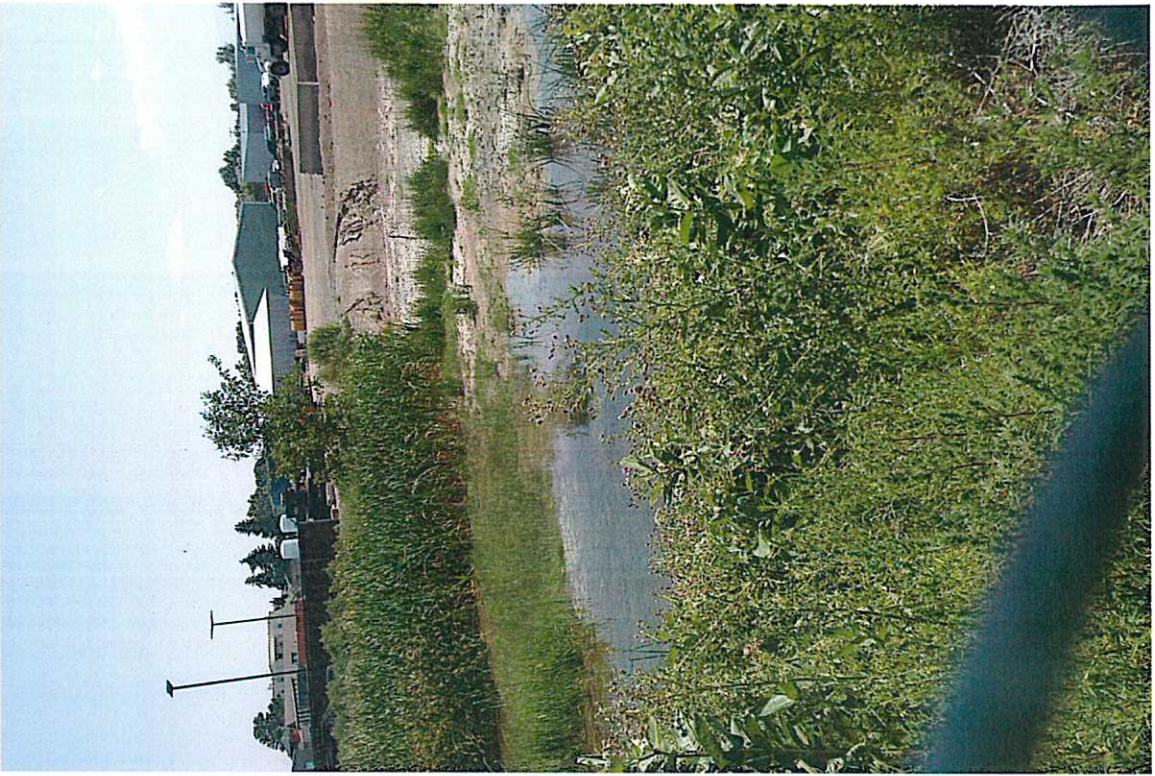


OUTFALL 8 - POND ~~COUNT~~ STREET



OUTFALL 8 - OUTLET INTO POND





OUTFALL 9 - Pond



OUTFALL 9 - D.S. OUTLET





# **MCM 4**

## **Construction Site Storm Water Management**

### **Construction Site Inspection**

## CONSTRUCTION SITE VISIT INSPECTION FORM

General Information		
Project Name: Robert Peccia and Associates		
Location: Saddle Drive and Cabernet Drive		
Date of Inspection: 3/20/17		
Inspector's Name(s): Matt Culpo		
Inspector's Title(s): Engineer		
Inspector's Contact Information (phone): 406-447-8073		
Describe Present Phase of Construction: Infrastructure installation		
Type of Inspection:		
<input type="checkbox"/> Beginning of Construction <input checked="" type="checkbox"/> Interim Construction <input type="checkbox"/> During rain event		
<input type="checkbox"/> Post-rain event <input type="checkbox"/> Conclusion of Project <input type="checkbox"/> Response to violation or complaint		
Weather Information		
Has it rained since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Rainfall (in):
Weather at time of this inspection:		
<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds		
<input type="checkbox"/> Other:    Temperature: 45		
Do you suspect that discharges may have occurred since the last inspection?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are there any stormwater discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide location(s) and a description of stormwater discharged from the site (presence of suspended sediment, turbid water, discoloration, and/or oil sheen):		
Prohibited Discharges		
Are there any prohibited discharges at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide location(s) and a description: Sediment tracked onto road		



	BMP/Activity	Implemented?	Maintained?	Corrective Action Needed & Notes
<b>Erosion and Sediment Controls</b>				
1	Are stormwater volume and velocity controls being used to minimize soil erosion within the site? (e.g. check dams, fiber rolls, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Except at entrance to road
2	Are stormwater volume and velocity controls being used to minimize soil erosion at discharge locations? (e.g. stilling basins, fiber rolls, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Except at entrance to road
3	Are efforts being made to minimize the amount of soil exposed throughout the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Commercial development - Entire site developed
4	Are efforts being made to minimize the disturbance of steep slopes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Flat site
5	Are perimeter controls and sediment barriers (e.g. silt fence) adequately installed (keyed into substrate) and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Not installed
7	Are discharge points and receiving waters free of sediment deposits? If no, provide locations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Is there evidence of sediment being tracked into the street?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Project manager and superintendant were notified, and rectified the issue.
9	Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) protected by natural buffers, barriers, or similar BMPs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Are efforts being made to minimize soil compaction and preserve topsoil?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

	BMP/Activity	Implemented?	Maintained?	Corrective Action Needed & Notes
<b>Soil Stabilization</b>				
11	Are all slopes and disturbed areas not actively being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Dewatering</b>				
12	Are discharges from dewatering activities being managed by appropriate controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No dewatering at time of inspection
<b>Pollution Prevention Measures</b>				
13	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No non-stormwater discharges were occurring at time of inspection
14	Are materials that are potential stormwater contaminants stored inside or under cover?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is trash/litter from work areas collected and placed in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Are vehicle and equipment fueling, cleaning, material storage, and maintenance areas free of spills, leaks, or other harmful materials?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Surface Outlets and Miscellaneous</b>				
18	When discharging from basins and impoundments, are outlet structures that withdraw water from the surface being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Small site – no impoundments used.
19	Are there locations where additional BMPs appear to be necessary?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	VTC is needed
Describe any incidents of non-compliance not described above: VTC and clean up of the street is needed. Project manager was notified and cleaned the road and installed VTC. Follow-up inspection was conducted to verify on 3-24-17.				







# CONSTRUCTION SITE VISIT INSPECTION FORM

General Information		
Project Name: Green Meadow Subdivision		
Location: N of Green Meadow Drive and Flagstone Ave		
Date of Inspection: 2/21/17		
Inspector's Name(s): Matt Culpo		
Inspector's Title(s): Engineer		
Inspector's Contact Information (phone): 406-447-8073		
Describe Present Phase of Construction: Infrastructure installation		
Type of Inspection:		
<input type="checkbox"/> Beginning of Construction	<input checked="" type="checkbox"/> Interim Construction	<input type="checkbox"/> During rain event
<input type="checkbox"/> Post-rain event	<input type="checkbox"/> Conclusion of Project	<input type="checkbox"/> Response to violation or complaint
Weather Information		
Has it rained since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Rainfall (in):
Weather at time of this inspection:		
<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Raining
<input type="checkbox"/> Sleet	<input type="checkbox"/> Fog	<input type="checkbox"/> Snowing
<input type="checkbox"/> High Winds	<input type="checkbox"/> Other:	Temperature: 50
Do you suspect that discharges may have occurred since the last inspection?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are there any stormwater discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide location(s) and a description of stormwater discharged from the site (presence of suspended sediment, turbid water, discoloration, and/or oil sheen):		
Prohibited Discharges		
Are there any prohibited discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide location(s) and a description:		



	BMP/Activity	Implemented?	Maintained?	Corrective Action Needed & Notes
<b>Soil Stabilization</b>				
11	Are all slopes and disturbed areas not actively being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Dewatering</b>				
12	Are discharges from dewatering activities being managed by appropriate controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No dewatering at time of inspection
<b>Pollution Prevention Measures</b>				
13	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No non-stormwater discharges were occurring at time of inspection
14	Are materials that are potential stormwater contaminants stored inside or under cover?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is trash/litter from work areas collected and placed in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No working being conducted that needs a washout.
17	Are vehicle and equipment fueling, cleaning, material storage, and maintenance areas free of spills, leaks, or other harmful materials?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Surface Outlets and Miscellaneous</b>				
18	When discharging from basins and impoundments, are outlet structures that withdraw water from the surface being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Retention Pond - No discharge points
19	Are there locations where additional BMPs appear to be necessary?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Describe any incidents of non-compliance not described above:				





## CONSTRUCTION SITE VISIT INSPECTION FORM

General Information		
Project Name: Raven Rock		
Location: Highway 12 and Shephard Way		
Date of Inspection: 3/27/17		
Inspector's Name(s): Matt Culpo		
Inspector's Title(s): Engineer		
Inspector's Contact Information (phone): 406-447-8073		
Describe Present Phase of Construction: Overlot Grading		
Type of Inspection:		
<input type="checkbox"/> Beginning of Construction	<input checked="" type="checkbox"/> Interim Construction	<input type="checkbox"/> During rain event
<input type="checkbox"/> Post-rain event	<input type="checkbox"/> Conclusion of Project	<input type="checkbox"/> Response to violation or complaint
Weather Information		
Has it rained since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide:		
Storm Start Date & Time:	Storm Duration (hrs):	Approximate Rainfall (in):
Weather at time of this inspection:		
<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Raining
<input type="checkbox"/> Sleet	<input type="checkbox"/> Fog	<input type="checkbox"/> Snowing
<input type="checkbox"/> High Winds	<input type="checkbox"/> Other:	Temperature: 54
Do you suspect that discharges may have occurred since the last inspection?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are there any stormwater discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide location(s) and a description of stormwater discharged from the site (presence of suspended sediment, turbid water, discoloration, and/or oil sheen):		
Prohibited Discharges		
Are there any prohibited discharges at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide location(s) and a description:		



	BMP/Activity	Implemented?	Maintained?	Corrective Action Needed & Notes
<b>Soil Stabilization</b>				
11	Are all slopes and disturbed areas not actively being worked properly stabilized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Dewatering</b>				
12	Are discharges from dewatering activities being managed by appropriate controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No dewatering at time of inspection
<b>Pollution Prevention Measures</b>				
13	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No non-stormwater discharges were occurring at time of inspection
14	Are materials that are potential stormwater contaminants stored inside or under cover?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is trash/litter from work areas collected and placed in covered dumpsters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No work being conducted that needs a washout.
17	Are vehicle and equipment fueling, cleaning, material storage, and maintenance areas free of spills, leaks, or other harmful materials?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Surface Outlets and Miscellaneous</b>				
18	When discharging from basins and impoundments, are outlet structures that withdraw water from the surface being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Sediment Retention Pond - No discharge points
19	Are there locations where additional BMPs appear to be necessary?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Describe any incidents of non-compliance not described above:				



# **MCM 5**

## **Post Construction Storm Water Management**

### **Supplemental Information**



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses and income. The document provides a detailed explanation of how to categorize these transactions correctly, ensuring they are recorded in the appropriate accounts.

The second part of the document focuses on the reconciliation process. It explains how to compare the company's records with the bank statements to identify any discrepancies. This process is crucial for detecting errors, such as double entries or omissions, and for ensuring that the company's books are in balance. The document provides a step-by-step guide to performing a bank reconciliation, including how to handle outstanding checks and deposits in transit.

The third part of the document discusses the preparation of financial statements. It outlines the steps involved in calculating the net income, preparing the balance sheet, and the income statement. The document provides a clear explanation of the relationship between these statements and how they provide a comprehensive view of the company's financial performance. It also includes a checklist of items to verify before finalizing the statements.

The fourth part of the document covers the closing process. It explains how to close the temporary accounts, such as sales, expenses, and income, to the permanent accounts. This process is essential for starting a new accounting period with a clean slate. The document provides a detailed explanation of the journal entries required for closing the books and how to verify that the closing process has been completed correctly.

The fifth part of the document discusses the importance of internal controls. It explains how to design and implement controls to prevent errors and fraud. This includes separating duties, requiring approvals, and maintaining proper documentation. The document provides a list of common internal controls and explains how they can be applied to a company's accounting system.

The sixth part of the document covers the preparation of a budget. It explains how to estimate the company's future financial performance and how to use the budget to guide decision-making. The document provides a detailed explanation of the budgeting process, including how to set targets and how to monitor performance against the budget.

The seventh part of the document discusses the importance of tax compliance. It explains how to calculate the company's tax liability and how to file the tax returns. The document provides a detailed explanation of the tax rules that apply to a company and how to take advantage of available tax deductions and credits.

The eighth part of the document covers the preparation of a financial statement audit. It explains how to plan and execute an audit to ensure the accuracy and reliability of the financial statements. The document provides a detailed explanation of the audit process, including how to select samples and how to evaluate the results.

The ninth part of the document discusses the importance of financial reporting. It explains how to communicate the company's financial performance to stakeholders and how to use financial reports to make strategic decisions. The document provides a detailed explanation of the different types of financial reports and how they can be used to provide valuable insights into the company's operations.

The tenth part of the document covers the preparation of a financial statement review. It explains how to conduct a review of the financial statements to ensure they are prepared in accordance with the applicable accounting standards. The document provides a detailed explanation of the review process, including how to identify areas of concern and how to communicate the results of the review.

# **Nob Hill Detention Pond 4**

## **Inlet Channel Erosion Control**

**City Project on existing Regional Detention Pond**

**Erosion control stabilization by rock check dams, seeding and erosion control mat**







# **DNRC Water Quality Improvements**

**City Project on existing Regional Detention Pond**

**Approximately 250 acres of urban runoff treatment by 40 hour release of 4 acre feet water  
quality capture volume**











# **6<sup>th</sup> Ward Park Bioswales**

**City Project on 6<sup>th</sup> Ward Park Property**

**Approximately 5 acres of urban runoff treatment**







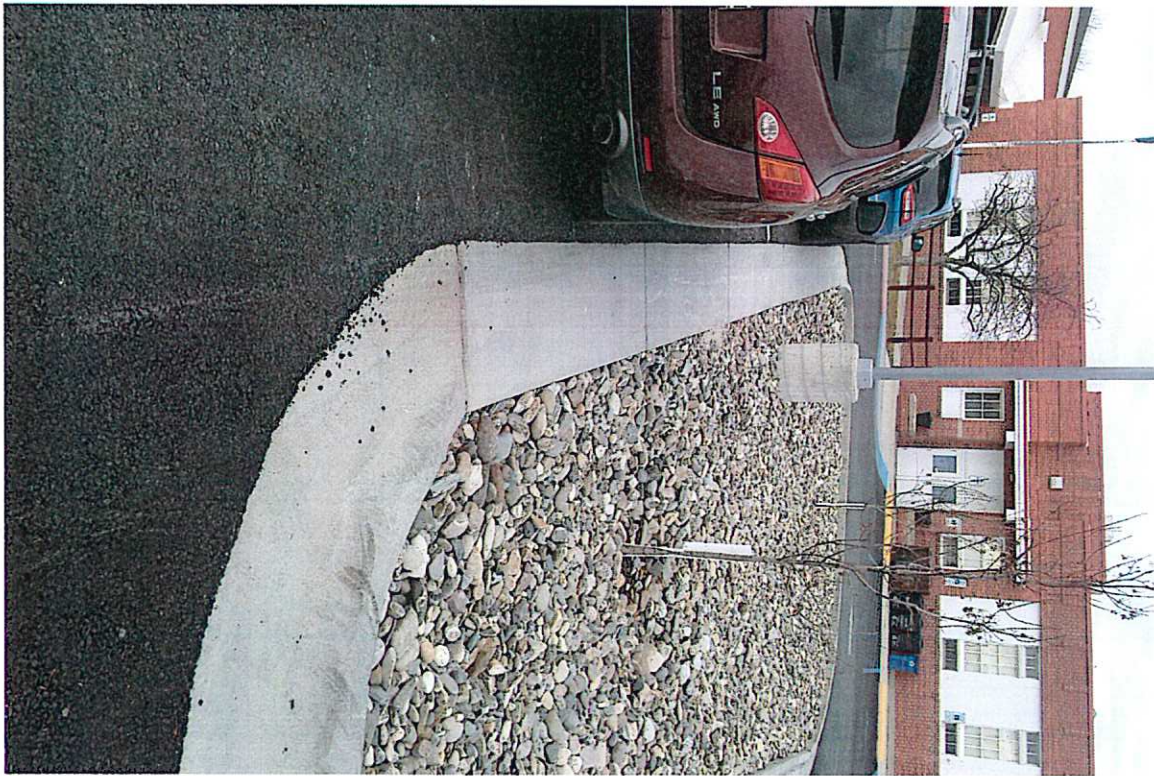
# **Kessler School Parking Lot**

## **Low Impact Redevelopment**

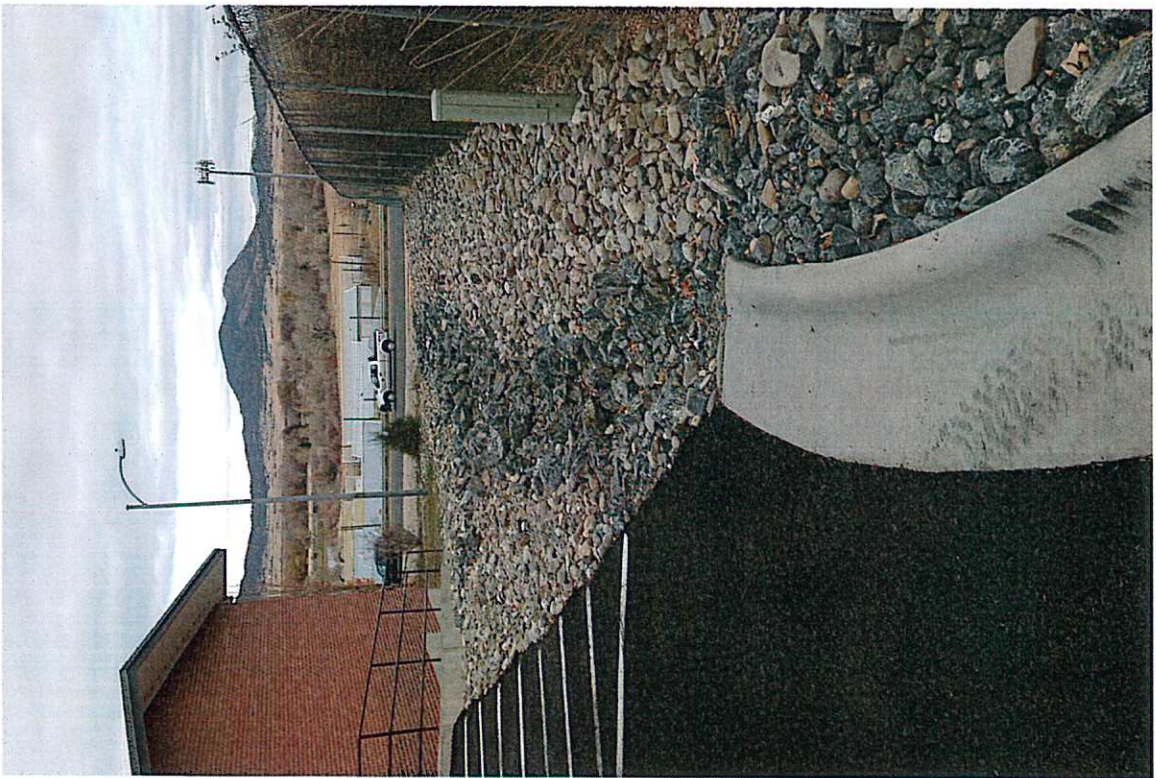
Helena School District Project on an existing parking lot

**Parking lot improvements incorporating low impact development by use of dispersed  
landscape area retention ponds**









# **Green Meadow Development Retention Pond**

**Private development regional retention pond**

**Retention Pond for capture of all runoff from the 100 year storm event for protection of adjacent Crystal Springs Creek**







# WATER WATCHERS II - 5<sup>th</sup> Graders Classroom & Field Trip to Tenmile Creek



## Stream Investigations



## Hike



Stream Velocity

## Journal Activity



## Riparian Area



## Riparian Scavenger Hunt



## Wastewater Tour



- Program piloted 1995
- Every fall
- 12 schools
- 700-800 students
- Classroom visit & field trip
- Wastewater or Drinking water plant tour