

Wet Weather TMDL Screening Checklist

Total Maximum Daily Load Screening

This form should be completed for every rain event during standard office hours for the summer months of May 1st to October 31st. Make note if TMDL Screening was completed. If screening was not completed, explain why.

Preliminary Information

Organization: _____
 Date: _____
 Time of rain event: _____
 Duration of rain event: (hours) _____

Weather Conditions

Was there a 72-hour dry period? Yes ☐ No ☐
 Was there adequate rainfall intensity? (≥ 0.1 inches) Yes ☐ No ☐
 Was it safe to sample? Yes ☐ No ☐
 - It is unsafe to sample in thunderstorms, flooding conditions, or potentially dangerous wet environments.

Lab Requirements

Name of Lab: St. Clair County Health Department Laboratory
 Was the lab open and available for testing? Yes ☐ No ☐
 Were the samples tested within 6 hours of sampling? Yes ☐ No ☐

Faculty

Were properly trained staff available to screen? Yes ☐ No ☐

Sampling Results

Was sampling completed? Yes ☐ No ☐
 Did sampling occur within the "first flush"? (first 30-60 minutes of rainfall) Yes ☐ No ☐
 If so, was the TMDL screening log submitted to the St. Clair County Health Department? Yes ☐ No ☐

Additional Information

Any additional reasoning for inability to sample or further comments:
