

TMDL Rain Event Information

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 and if not, make evident why not.

Preliminary Information

Member Name _____

Date _____

Time of Storm _____

Duration of Storm (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

Lab Name: 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 runoff)

If so, was the screening log submitted to the St. Clair County Health Department? Yes ☐ No ☐

Additional Information

Any additional reasoning for inability to sample or further comments:
