

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 available? Call to confirm at (810) 987-5306. 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:
