



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
 WATER RESOURCES DIVISION
GROUNDWATER DISCHARGE PERMIT DAILY IRRIGATION OBSERVATION FORM

Year: _____ Facility Name: _____ Permit Number: _____

This form is provided for groundwater discharge permittees to record daily land application observations as required by applicable groundwater discharge permits. This form can be printed and completed by hand or the form can be completed electronically. Completion and retention of these forms is a requirement of applicable groundwater discharge permits. Permittees must keep completed forms on file for at least 3 years. This form contains 90 lines – additional forms may be used if additional lines are needed.

Categories:

- 1. Ponding and Flooding.** Is there any standing water present on the irrigation field? If yes, explain in comments.
- 2. Runoff and Erosion.** Are there any signs of runoff or erosion from the irrigation field (including any areas likely to have concentrated flow)? If yes, explain in comments.
- 3. Odors.** Are there any foul odors associated with the irrigation area that may create nuisance conditions? If yes, explain in comments.
- 4. Piping.** Based on visual observation, is the piping system working as designed? Are there any signs of damage to the piping/distribution system? If yes, describe repairs (including when the repairs will be/were made) in the comments.
- 5. Sprinkler Heads.** Based on visual observation, are all sprinkler heads working as designed? Are there any signs of damage to the sprinkler heads? If yes, describe repairs (including when the repairs will be/were made) in the comments?
- 6. Initials.** Of person making the observations.

Date	1. Ponding		2. Runoff		3. Odors		4. Piping		5. Sprinkler		6. Initials	Comments
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

