

**Industrial/Commercial MS4 Site Investigation Sheet (SIS)**

		<b>FILE NO.:</b>	
<b>PROPERTY INFORMATION</b>		Route No:	_____
Parcel Name: _____		Route Name:	_____
Site Address: _____			
TMK: _____		Parcel Milepost:	_____
Owner: _____			
Owner's Mailing Address: _____		Offset (MP):	<input type="checkbox"/> Left <input type="checkbox"/> Right
		Station:	_____
Lessee's Mailing Address: _____		Project No.:	_____
		<b>CONTACT INFORMATION:</b>	
Land Use: _____		Name:	_____
		Title:	_____
SIC Code: _____		Company:	_____
NPDES Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No.:	_____
If yes, permit no.: _____		Fax or Email:	_____
Date issued: _____      Expiration Date: _____		Contacted for Insp.:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INSPECTION NO. 1</b>		<b>Initial Inspection</b>	<input type="checkbox"/>
		<b>Re-inspection</b>	<input type="checkbox"/>
<b>ON-SITE FACILITY REPRESENTATIVE</b>		<b>Date:</b> _____	<b>INSPECTOR(S):</b>
Name: _____		<b>Entry Time:</b> _____	1. _____
Title: _____		<b>Exit Time:</b> _____	2. _____
Company: _____			3. _____
Phone No.: _____			4. _____
Fax or Email: _____			5. _____
<b>WEATHER</b>			
<input type="checkbox"/> Raining		<input type="checkbox"/> Sunny	<input type="checkbox"/> Cloudy
<input type="checkbox"/> High wind		<input type="checkbox"/> Moderate wind	<input type="checkbox"/> Calm
Precipitation in last 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>FACILITY RECORDS REVIEWED ON-SITE</b>			
<input type="checkbox"/> NPDES Permit		<input type="checkbox"/> SWPPP	<input type="checkbox"/> Other: N/A
<b>PROPERTY DESCRIPTION</b>			
1) Is the parcel higher or lower than the adjacent State route?		<input type="checkbox"/> Higher	<input type="checkbox"/> Lower
2) Where does rainfall runoff on the parcel sheet flow to?		<input type="checkbox"/> GDIs on the parcel	
<input type="checkbox"/> Directly to the State route		<input type="checkbox"/> City road:	<input type="checkbox"/> Other:
3) What type and number of structures/buildings are on the site?		<input type="checkbox"/> Concrete:	<input type="checkbox"/> CMU: _____
<input type="checkbox"/> Corrugated Steel: _____		<input type="checkbox"/> Wooden: _____	<input type="checkbox"/> Other:
4) What type of ground surface is at the site?		<input type="checkbox"/> Entire Site Paved	<input type="checkbox"/> Paved Parking Lot
<input type="checkbox"/> Asphalt/Concrete		<input type="checkbox"/> Dirt	<input type="checkbox"/> Gravel
		<input type="checkbox"/> Other: _____	
5) Is landscaping fronting the parcel along the State ROW?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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FILE NO.:

INSPECTION NO. 1 continued

NARRATIVE

**FOLLOW-UP REQUIRED**

Follow-up inspection

Warning Letter

None

Other:

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IC/ID**

TMK No.:		File No.:	
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**INSPECTION NO. 1 continued**

**DESCRIPTION OF CONNECTION**

Permitted Facility?       Yes       No  
 If yes, permit no.: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Illegal connection suspected?       Yes       No  
 Size of pipe: \_\_\_\_\_  
 Other type of connection (describe): \_\_\_\_\_

**DESCRIPTION OF DISCHARGE**

Illicit discharge suspected?       Yes       No       Possibly  
 If yes, basis (check all that apply):  
 Dry weather flow       Color: \_\_\_\_\_       Sheen  
 Odor       Solids       Abnormal temperature  
 Is there visible flow into the DOT MS4?       Yes       No  
 Estimated flow: \_\_\_\_\_ gpm  
 Source of discharge visually identified?       Yes       No       N/A  
 If yes, describe source: \_\_\_\_\_

**DOT DRAINAGE CONVEYANCE AFFECTED**

Catch basin (A)     Grated inlet (B)     Box culvert (C)     Pipe culvert (D)     Drain manhole (E)  
 Inlet structure (F)     Outlet structure (G)     Ditch (H)     Other (I): \_\_\_\_\_  
 DOT Conveyance Material:  
 Concrete       Metal       Other: \_\_\_\_\_  
 Dimensions of DOT conveyance: \_\_\_\_\_  
 Northing: \_\_\_\_\_ Easting: \_\_\_\_\_ Milepost: \_\_\_\_\_  
 Construction permit issued?       Yes       No  
 If yes, permit no.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Industrial/Commercial MS4 Site Investigation Sheet (SIS)  
Source Control**

<p><b>GENERAL INFORMATION</b></p> <p>File No.: _____</p> <p>Parcel Name: _____</p> <p>TMK: _____</p>	<p><b>INSPECTION DATE/TIME:</b></p> <p>Date: _____</p> <p>Entry Time: _____</p> <p>Inspection No.: _____</p>
<p><b>PROPERTY INSPECTION</b></p>	
<p><b>1. Are uncovered raw materials, parts or products stockpiled outside on the property?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes" Describe: _____</p> <p>Can pollutants from the raw materials, parts or products potentially enter the State MS4? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>	
<p><b>2. Are any uncovered open barrels, tanks or containers located outside on the property?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes" Describe: _____</p> <p>Can pollutants from the barrels, tanks or containers potentially enter the State MS4? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>	
<p><b>3. Is fueling of vehicles or machines conducted on the property?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes" Describe: _____</p> <p>Is the fueling area protected from rainfall, run-on and runoff? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p> <p>If "No" Describe: _____</p> <p>Can pollutants from the fueling area potentially enter the State MS4? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>	
<p><b>4. Are vehicles or other equipment apparently painted outside on the property?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes" Describe: _____</p> <p>Can pollutants from the painting operations potentially enter the State MS4? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>	
<p><b>5. Are vehicles and/or equipment serviced and/or washed outside on the property?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes" Describe: _____</p> <p>Can pollutants from the washing operations potentially enter the State MS4? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>	
<p><b>6. Is an uncovered dumpster located outside on the property?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes" Describe: _____</p> <p>Can pollutants from the dumpster potentially enter the State MS4? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span></p>	
<p><b>7. Are any other apparent pollutants on-site that could potentially enter the State MS4?</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes" Describe: _____</p> <p>_____</p> <p>_____</p>	