

Illicit Discharge Detection & Elimination MS4 Site Investigation Sheet

Maximo Insp. ID		Inspection Date/Time		Facility Contact: NAME: TITLE: COMP: PHONE: EMAIL: ADDR: Lessee: NAME: TITLE: COMP: PHONE: EMAIL: ADDR: Owner Info: NAME: TITLE: COMP: PHONE: EMAIL: ADDR: SIC Codes:
Inspection Description		Work Type		
File No.		Status		
Asset/TMK		Deficiencies Identified		
Location/Watershed		Violations Identified		
Receiving State Water		Inspector		
Route ID/Route Name		Inspector 2		
Address		Weather		
Milepost and Offset		Wind Condition		
Station		Precipitation in last 24 hours		
Project Number		Reason for Investig.		
Follow-up Required		Date of Complaint/Referral		
LOW/NOV Issue By		HDOT Permit Type		
Owner/Rep Response Deadline		HDOT Permit #		
DOT Drainage Conveyance Affected		HDOT Permit Status		
DOT Conveyance Material		Connection Type Size		

Task	Activity Description	Yes?	No?	N/A	Marked Defic.	Comments
------	----------------------	------	-----	-----	---------------	----------

General

10	Illicit Discharge Suspected?					
11	Dry weather flow?					
12	Color?					
13	Sheen?					
14	Odor?					
15	Solids?					

Task	Activity Description	Yes?	No?	N/A	Marked Defic.	Comments
------	----------------------	------	-----	-----	---------------	----------

General

- 20 Is there visible flow into the State MS4? If yes, what is the est. rate of flow (gal/min)?

- 21 Source of discharge visually identified? If yes, describe source.

Field Sampling

- 30 Field sampling performed?

- 31 Does temperature vary greatly from ambient air temperature?

- 32 Is pH outside of range 6.0-9.0?

- 33 Is conductivity greater than 2000 µS/cm?

- 34 Is turbidity greater than 100 NTU?

- 35 Is ammonia greater than 1 mg/L?

Documentation

- 40 Illegal Connection suspected? Describe size and material of pipe or other type of connection.

- 50 Construction Permit issued? If yes, list Construction Permit number and date issued.

Additional Information

SIS Narrative
