



<b>WATERSHED:</b>		<b>SUBWATERSHED:</b>		<b>UNIQUE SITE ID:</b>	
<b>DATE:</b> ___/___/___		<b>ASSESSED BY:</b>		<b>CAMERA ID:</b>	
<b>MAP GRID:</b>		LAT ___° ___' ___" LONG ___° ___' ___"		<b>LMK #</b>	
<b>A. SITE DATA AND BASIC CLASSIFICATION</b>					
Name and Address: _____ _____		Category: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility			
SIC code (if available): _____		Basic Description of Operation: _____		<b>INDEX*</b>	
NPDES Status: <input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown					
<b>B. VEHICLE OPERATIONS</b> <input type="checkbox"/> N/A (Skip to part C)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>B1.</b> Types of vehicles: <input type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____					
<b>B2.</b> Approximate number of vehicles: _____					
<b>B3.</b> Vehicle activities ( <i>circle all that apply</i> ): Maintained Repaired Recycled Fueled Washed Stored <span style="float: right;">○</span>					
<b>B4.</b> Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span> Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>B5.</b> Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>B6.</b> Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>B7.</b> Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>B8.</b> Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span> Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C. OUTDOOR MATERIALS</b> <input type="checkbox"/> N/A (Skip to part D)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>C1.</b> Are loading/unloading operations present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span> If yes, are they uncovered <i>and</i> draining towards a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>C2.</b> Are materials stored outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input type="checkbox"/> Solid Description: _____ <span style="float: right;">○</span> Where are they stored? <input type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area					
<b>C3.</b> Is the storage area directly or indirectly connected to storm drain (circle one)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>C4.</b> Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>C5.</b> Does outdoor storage area lack a cover? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>C6.</b> Are liquid materials stored <i>without</i> secondary containment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>C7.</b> Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span>					
<b>D. WASTE MANAGEMENT</b> <input type="checkbox"/> N/A (Skip to part E)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>D1.</b> Type of waste ( <i>check all that apply</i> ): <input type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials <span style="float: right;">○</span>					
<b>D2.</b> Dumpster condition ( <i>check all that apply</i> ): <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing <span style="float: right;">○</span>					
<b>D3.</b> Is the dumpster located near a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <span style="float: right;">○</span> If yes, are runoff diversion methods (berms, curbs) lacking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
<b>E. PHYSICAL PLANT</b> <input type="checkbox"/> N/A (Skip to part F)				<b>Observed Pollution Source?</b> <input type="checkbox"/>	
<b>E1.</b> Building: Approximate age: _____ yrs. Condition of surfaces: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged <span style="float: right;">○</span> Evidence that maintenance results in discharge to storm drains (staining/dyscoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <span style="float: right;">○</span>					

\*Index: ○ denotes potential pollution source;  denotes confirmed polluter (evidence was seen)



**E2.** Parking Lot: Approximate age \_\_\_\_ yrs. Condition:  Clean  Stained  Dirty  Breaking up  
 Surface material  Paved/Concrete  Gravel  Permeable  Don't know

**E3.** Do downspouts discharge to impervious surface?  Y  N  Don't know  None visible  
 Are downspouts directly connected to storm drains?  Y  N  Don't know

**E4.** Evidence of poor cleaning practices for construction activities (stains leading to storm drain)?  Y  N  Can't Tell

**F. TURF/LANDSCAPING AREAS**  N/A (skip to part G) **Observed Pollution Source?**

**F1.** % of site with: Forest canopy \_\_\_\_% Turf grass \_\_\_\_% Landscaping \_\_\_\_% Bare Soil \_\_\_\_%

**F2.** Rate the turf management status:  High  Medium  Low

**F3.** Evidence of permanent irrigation or "non-target" irrigation  Y  N  Can't Tell

**F4.** Do landscaped areas drain to the storm drain system?  Y  N  Can't Tell

**F5.** Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surface?  Y  N  Can't Tell

**G. STORM WATER INFRASTRUCTURE**  N/A (skip to part H) **Observed Pollution Source?**

**G1.** Are storm water treatment practices present?  Y  N  Unknown If yes, please describe: \_\_\_\_\_

**G2.** Are private storm drains located at the facility?  Y  N  Unknown  
 Is trash present in gutters leading to storm drains? If so, complete the index below.

Index Rating for Accumulation in Gutters					
	Clean			Filthy	
Sediment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Organic material	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Litter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G3.** Catch basin inspection – Record SSD Unique Site ID here: \_\_\_\_\_ Condition:  Dirty  Clean

**H. INITIAL HOTSPOT STATUS - INDEX RESULTS**

Not a hotspot (fewer than 5 circles and no boxes checked)  Potential hotspot (5 to 10 circles but no boxes checked)  
 Confirmed hotspot (10 to 15 circles and/or 1 box checked)  Severe hotspot (>15 circles and/or 2 or more boxes checked)

- Follow-up Action:**
- Refer for immediate enforcement
  - Suggest follow-up on-site inspection
  - Test for illicit discharge
  - Include in future education effort
  - Check to see if hotspot is an NPDES non-filer
  - Onsite non-residential retrofit
  - Pervious area restoration; complete PAA sheet and record  
 Unique Site ID here: \_\_\_\_\_
  - Schedule a review of storm water pollution prevention plan

**Notes:**

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