

Industrial/Commercial MS4 Site Investigation Sheet (SIS)

PROPERTY INFORMATION		FILE NO.:
Parcel Name: _____		Route No: _____
Site Address: _____		Route Name: _____
TMK: _____		Parcel Milepost: _____
Owner: _____		Offset: <input type="checkbox"/> Left <input type="checkbox"/> Right
Owner's Mailing Address: _____		Station: _____
Lessee's Mailing Address: _____		Project No.: _____
Land Use: _____		CONTACT INFORMATION:
SIC Code: _____		Name: _____
NPDES Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No		Title: _____
If yes, permit no.: _____		Company: _____
Date issued: _____ Expiration Date: _____		Phone No.: _____
		Fax or Email: _____
		Contacted at Insp: <input type="checkbox"/> Yes <input type="checkbox"/> No
INSPECTION NO. 1		
ON-SITE FACILITY REPRESENTATIVE	Date: _____	INSPECTOR(S):
Name: _____	Entry Time: _____	1. _____
Title: _____	Exit Time: _____	2. _____
Company: _____		3. _____
Phone No.: _____		4. _____
Fax or Email: _____		5. _____
WEATHER		
<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		
FACILITY RECORDS REVIEWED ON-SITE		
<input type="checkbox"/> NPDES Permit <input type="checkbox"/> SWPPP <input type="checkbox"/> Other:		
RAINFALL RUNOFF		
Is the parcel higher or lower than the adjacent State route? <input type="checkbox"/> Higher <input type="checkbox"/> Lower		
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:		
PHOTOGRAPHS		
1. _____	6. _____	
2. _____	7. _____	
3. _____	8. _____	
4. _____	9. _____	
5. _____	10. _____	

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FILE NO.:

INSPECTION NO. 1 continued

NARRATIVE

FOLLOW-UP REQUIRED

- Follow-up inspection
- None
- Warning Letter
- Other:

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INSPECTION NO. 1 continued

FIELD NOTES

SKETCH

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IC/ID**

TMK 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: _____

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Source Control BMPs

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INSPECTION NO. 1 continued

FUELING				
1. Is fueling of vehicles or machines conducted on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Has spill and overfill prevention equipment been installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Are vehicle fuel tanks often "topped off"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Have steps been taken to protect fueling areas from rain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Is run-on to the fueling area minimized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are oil/water separators or oil and grease traps installed in storm drains in the fueling area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Is the fueling area cleaned by hosing or washing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Do you control petroleum spills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. Are employees aware of ways to reduce contamination of storm water at fueling stations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. Where does the water drain from the fueling area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11. Do any of the drains connect to wells?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

MAINTAINING VEHICLES AND EQUIPMENT				
1. Is maintenance or cleaning of vehicles and/or equipment parts (including engine, transmission, brake, or other miscellaneous parts) performed on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Does the cleaning involve the use of solvents or surfactants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Has the facility looked into using nontoxic or less toxic cleaners or solvents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Are work areas and spills washed or hosed down with water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Are spills or materials washed or poured down the drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are oil filters completely drained before recycling or disposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Are incoming vehicles and equipment checked for leaking oil and fluids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Are wrecked vehicles or damaged equipment stored on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. Does the facility recycle any of the automotive fluids or parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. Can the facility reduce the number of different solvents used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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11. Are wastes separated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
12. Does the facility use recycled products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

PAINTING VEHICLES AND EQUIPMENT

1. Are vehicles or other equipment painted on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. In preparation for painting, is old paint removed physically (sanding, sand blasting, etc.) or chemically (solvent paint stripper)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Before applying new paint, are surfaces chemically prepared (coating, etching, cleaning, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Is care taken to prevent paint wastes from contaminating storm water runoff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Are wastes from sanding contained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are parts inspected before painting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Is the facility using painting equipment that creates little waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Are employees trained to use spray equipment correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. Does the facility recycle paint, paint thinner, or solvents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. Are wastes separated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11. Can the facility reduce the number of solvents used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
12. Does the facility use recycled products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

WASHING VEHICLES AND EQUIPMENT

1. Are vehicles, equipment, or supplies washed on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Has the facility considered using phosphate-free biodegradable detergents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Are vehicles, equipment, or parts washed over the open ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

LOADING AND UNLOADING MATERIALS

1. Are tank trucks and material delivery vehicles located where spills or leaks can be contained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Is loading/unloading equipment checked regularly for leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Are loading/unloading docks or areas covered to prevent exposure to rainfall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Are loading/unloading docks or areas designed to prevent storm water run-on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Is piping system routinely checked for leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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6. Are there alarms to alert staff of potential problems such as high levels in receiving tanks or pressure irregularities in transmission lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Where appropriate (especially where transmission lines are long or buried), is the piping system outfitted with flow meters to ensure that the amount unloaded equals the amount received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

LIQUID STORAGE IN ABOVE GROUND TANKS

1. Are storage tanks located on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Do storage tanks contain liquid hazardous materials, hazardous wastes, or oil?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Are operators trained in correct operating procedures and safety activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Does the facility have safeguards against accidental discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Are tank systems inspected, and is tank integrity tested regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are tanks bermed or surrounded by a secondary containment system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

INDUSTRIAL WASTE MANAGEMENT AND OUTSIDE MANUFACTURING

1. Is industrial waste produced or handled on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Has the facility looked for ways to reduce waste at the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Has the facility considered waste reduction BMPs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Are industrial waste management and outside manufacturing areas checked often for spills and leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Are industrial waste management areas or manufacturing activities covered, enclosed, or bermed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are vehicles used to transport wastes to the land disposal or treatment site equipped with anti-spill equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Does the facility use loading systems that minimize spills and fugitive losses such as dust or mists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Are sediments or wastes prevented from being tracked offsite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. Is storm water runoff minimized from the land disposal site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. Is the process debris removed regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11. Is the area clear of excessive dust from industrial operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
12. Are containers for chemical substances and for temporary storage of wastes labeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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SPILL PREVENTION AND REMEDIATION				
1. Is there a spill prevention and response team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Are appropriate spill containment and cleanup materials kept on-site and in convenient locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Are cleanup procedures for spills followed regularly and correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Are used absorbent materials removed and disposed of in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Are personnel regularly trained in the use of spill control materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

GOOD HOUSEKEEPING				
1. Are raw materials, parts, or products stockpiled on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Are raw materials, by-products, or finished products protected from rainfall, run-on, and runoff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Are outside areas kept neat and clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Is the facility orderly and neat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Do dumpsters have closed lids or other protection from rainfall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are the employees regularly informed of the importance of good housekeeping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Are good housekeeping procedures and reminders posted in appropriate locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Are regular good housekeeping practices carried out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Industrial Commercial MS4 Site Inspection Sheet (SIS)
Structural BMPs

TMK No.:	File No.:
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INSPECTION NO. 1 continued				
1. Are structural BMPs located on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Do structural BMPs appear to be working as intended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Is there evidence that a structural BMP has failed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Is there any damage to the structural BMP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Are the structural BMPs being properly maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are the structural BMPs inspected on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Are records being kept of the inspection and maintenance of structural BMPs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Is there an accumulation of sediment, trash, or debris in the structural BMP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	