



MS4 ILLICIT DISCHARGE ASSESSMENT FORM

Merrillville Stormwater Utility • 7404 Broadway • Merrillville, IN 46410
Phone: (219) 472-8668 • Fax: (219) 472-8670

Case ID#: _____
 Date: _____
 Inspector: _____
 Outfall ID#: _____

LOCATION DESCRIPTION

- Routine Evaluation
- Complaint Investigation

DRY WEATHER SCREENING

- Presence of Flow (during dry conditions)
- Observed Pollutant Discharging Describe _____
- Unusual Odor Describe _____
- Unusual Color Describe _____
- Pollutants in Nearby Upland Area Describe _____

MAINTENANCE NEEDED

- Remove Debris
- Repair Structure
- Remove Vegetation
- Remove Cross-connection
- Site Remediation/Pollutant Removal

TRACKING

- Dye Test Positive
- Photos Taken

WATER QUALITY TESTING

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Temperature (C°) | <input type="checkbox"/> Phenols |
| <input type="checkbox"/> Lead | <input type="checkbox"/> pH |
| <input type="checkbox"/> PCBs | <input type="checkbox"/> Phosphorus |
| <input type="checkbox"/> Ammonia-Nitrogen | <input type="checkbox"/> Mercury |
| <input type="checkbox"/> E. coli | <input type="checkbox"/> Arsenic |
| <input type="checkbox"/> Macroinvertebrates | <input type="checkbox"/> Turbidity |

*Attach test results to this form

COMMENTS

CONCLUSION

- | | |
|---|--|
| <input type="checkbox"/> Further Investigation Required | <input type="checkbox"/> Recommend Enforcement |
| <input type="checkbox"/> Issue Resolved | <input type="checkbox"/> Refer to State and or Federal Authorities |

NOTE: Violations were identified during an on-site inspection. FAILURE TO CORRECT DEFICIENCIES TO ESTABLISH COMPLIANCE WITHIN _____ CALENDAR DAYS WILL RESULT IN PROSECUTION FOR VIOLATIONS OF ORDINANCE # _____. State and federal regulatory agencies may also be notified for additional enforcement.

I have read this document, I understand its contents, and I have received a copy.

Responsible Party: (print)	(sign)
Phone:	Fax:
	Date: