



MS4 FACILITY ASSESSMENT FORM

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

Facility Name:	
Address:	
Inspector:	
Date Inspected:	
Facility Contact:	
Watershed:	
Receiving Water:	

- Public Works Department
- Waste Water Department
- Parks Department
- Fire/Police Department
- Other: _____

- Site Map with drainage (attached)
- Pictures (attached)

GROUNDS - OUTER PERIMETER

A1	<input type="checkbox"/>	Evidence of possible contaminated stormwater runoff leaving the perimeter
COMMENT:		
A2	<input type="checkbox"/>	Outfalls need stabilization and/or repair
COMMENT:		
A3	<input type="checkbox"/>	Perimeter needing management practice installation and/or repair
COMMENT:		
A4	<input type="checkbox"/>	Other:
COMMENT:		

FACILITY YARD/PARKING

B1	<input type="checkbox"/>	Storm water conveyance and/or storage needs repair/improvement (swales, drains, ditches, detention, inlets..)
COMMENT:		
B2	<input type="checkbox"/>	Need to have designated snow stockpile area
COMMENT:		

B3	<input type="checkbox"/>	Outside storm drain inlets need to be marked
COMMENT:		
B4	<input type="checkbox"/>	Bulk hazardous materials storage/tanks issues (condition, leaks, no secondary containment)
COMMENT:		
B5	<input type="checkbox"/>	Address issues with fueling area(s)
COMMENT:		
B6	<input type="checkbox"/>	Address vehicle storage and/or repair in yard
COMMENT:		
B7	<input type="checkbox"/>	Dumpster in poor condition, location, and/or uncovered
COMMENT:		
B8	<input type="checkbox"/>	Address grounds litter and debris
COMMENT:		
B9	<input type="checkbox"/>	Need to re-vegetate area(s) with grass, shrubs, trees (see below)
COMMENT:		
B10	<input type="checkbox"/>	Address potential pollutants stored near storm drain inlet(s)
COMMENT:		
B11	<input type="checkbox"/>	Parking areas need re-surfacing, maintenance and/or sweeping
COMMENT:		
B12	<input type="checkbox"/>	Deicing material stockpile (salt, sand, slag etc...) lacks adequate storage
COMMENT:		
B13	<input type="checkbox"/>	Address liquid fertilizer/herbicide application, equipment calibration, handling, and/or storage
COMMENT:		
B14	<input type="checkbox"/>	Address dry fertilizer/herbicide application, equipment calibration, handling, and/or storage
COMMENT:		

B15	<input type="checkbox"/>	Address areas subject to flooding
COMMENT:		
B16	<input type="checkbox"/>	Storm drain inlets need additional protection
COMMENT:		
B17	<input type="checkbox"/>	Other:
COMMENT:		
B18	<input type="checkbox"/>	Other:
COMMENT:		
BUILDING		
C1	<input type="checkbox"/>	Address gutters and downspouts/extensions
COMMENT:		
C2	<input type="checkbox"/>	Floor drains are not connected to sanitary drainage system or sealed
COMMENT:		
C3	<input type="checkbox"/>	Building lacks pollution prevention signage/outreach posters
COMMENT:		
C4	<input type="checkbox"/>	Address dry and liquid materials storage, handling and/or labeling
COMMENT:		
C5	<input type="checkbox"/>	Update MSDS binder and place in prominent location
COMMENT:		
C6	<input type="checkbox"/>	No area(s) designated for vehicle repair
COMMENT:		
C7	<input type="checkbox"/>	Facility lacks spill trays

COMMENT:		
C8	<input type="checkbox"/>	Address leaking from vehicles/equipment
COMMENT:		
C9	<input type="checkbox"/>	Facility lacks appropriate spill cleanup materials/SPILL KITS
COMMENT:		
C10	<input type="checkbox"/>	Floor is not clean and/or has debris that could be tracked out
COMMENT:		
C11	<input type="checkbox"/>	No designated area for vehicle washing location and/or use of no phosphate detergents
COMMENT:		
C12	<input type="checkbox"/>	No secondary containment and/or spill pallets under bulk liquid materials
COMMENT:		
C13	<input type="checkbox"/>	Floor Drains are not color coded: (GREEN = SANITARY) (BLUE = STORM)
COMMENT:		
C14	<input type="checkbox"/>	No secondary containment for small containers storage on shelves
COMMENT:		
PROCEDURES/POLICY		
D1	<input type="checkbox"/>	Lack of Facility Site Specific Storm Water Pollution Prevention Plan (SWPPP)
COMMENT:		
D2	<input type="checkbox"/>	Staff need additional good housekeeping training and/or certifications
COMMENT:		
D3	<input type="checkbox"/>	SOPs are not developed and/or implemented
COMMENT:		
D4	<input type="checkbox"/>	Quarterly facility self-inspections are not being conducted

COMMENT:		
D5	<input type="checkbox"/>	Need to keep records to track annual amount of materials collected and applied (salt, sediment, pesticides...)
COMMENT:		
D6	<input type="checkbox"/>	Other:
COMMENT:		
D7	<input type="checkbox"/>	Other:
COMMENT:		

Next Inspection Date: _____

Pollutant(s) discharge needs to be addressed immediately

ADDITIONAL COMMENTS: