



MS4 ILLICIT DISCHARGE ASSESSMENT

Lake County Surveyor's Office * 2293 North Main St. * Crown Point, IN 46307
Phone: (219) 755-3745 * Fax: (219) 755-3750

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

COMMENTS

TRACKING

- Dye Test Positive
- Photos Taken

WATER QUALITY TESTING

- Temperature (C°)
- Lead
- PCBs
- Ammonia-Nitrogen
- E. coli
- Macroinvertebrates
- Phenols
- pH
- Phosphorus
- Mercury
- Arsenic
- Turbidity

*Attach test results to this form

CONCLUSION

- Further Investigation Required
- Issue Resolved
- Recommend Enforcement
- 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 # 79-31. 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: _____