



Non-Storm Water Discharge Investigation Form – Field Screening

Purpose: The purpose of this form is to document the observations made during an investigation of a potential non-storm water discharge into the City’s MS4.

Inspection Information

Inspection Type: Initial Scheduled Follow-up Response to Complaint
 Inspector Name: _____ Date: _____
 Organization: _____ Time: _____
 Phone: _____ E-mail: _____
 Signature: _____

Name(s) of others accompanying inspector (if any):
 Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

Weather Conditions: Clear Cloudy Rain
 Previous Rainfall: _____ in on _____ Source: _____

Incident Location

Stream: _____ Latitude: _____ ° ' "
 Address: _____ Longitude: _____ ° ' "
 Nearby Landmark: _____
 Property Type: Municipal Commercial Industrial Residential
 Other: _____
 Primary Location: Stream Upland Area
 Secondary Location: Outfall In-Stream Flow Near Storm Drain
 Along Bank Other: _____

Comments: _____

Observations

1. Upland Problem Indicators

None Dumping Oil / Chemical Sewage
 Wash Water Suds Other: _____
 Comments: _____

2. Stream Corridor Problem Indicators

Odor None Sewage Oil / Chemical Sour
 Sulfide Other: _____
 Appearance Normal Cloudy Oil / Chemical Suds
 Turbid Other: _____
 Floatables None Sewage Dead Fish Algae
 Other: _____
 Comments: _____



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3. Field Screening Data

Sample Location: _____

Parameters		Results	Comments
1. Temperature	°C	_____	_____
2. pH	s.u.	_____	_____
3. Conductivity	µS/cm	_____	_____
4. Total Dissolved Solids	mg/L	_____	_____
5. Ammonia	mg/L	_____	_____
6. Chlorine	mg/L	_____	_____
7. Copper	mg/L	_____	_____
8. Detergents	mg/L	_____	_____
9. Nitrite	mg/L	_____	_____
10. Nitrate	mg/L	_____	_____
11. Phosphate	mg/L	_____	_____
12. Potassium	mg/L	_____	_____

Comments: _____

4. Potential Source of Non Storm Water Discharge

- Sanitary Sewer Septic System Oil / Chemical Spill Vehicle Washing
- Construction Activity Industrial Activity Building Maintenance Drain Pipe
- Natural Source Other: _____

Suspect Violator

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Property Type: Municipal Commercial Industrial Residential
 Other: _____

Follow-up Actions

- No follow-up actions are required.
- Notify Facility of Non-Storm Water Discharge Yes No Date: _____
- Conduct Follow-up Investigation Yes No Date: _____
- Refer to City Department Yes No Date: _____
- Non-Storm Water Discharge Eliminated Yes No Date: _____
- Notify ADEM Yes No Date: _____
- Photographs Taken Yes No Number: _____
- Other

Comments: _____

