

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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This cover page must be completed by the report preparer.
Joint reports require only one cover page.

SPDES ID

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Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4

V i l l a g e o f H a m b u r g

OR

This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

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SPDES ID

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2016

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID
N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Hamburg

SPDES ID
N Y R 2 0 A 1 4 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c):
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name
M a r c W S h u t t l e w o r t h

Title
S u p e r i n t e n d e n t o f P u b l i c W o r k s

Address
1 0 0 m a i n S t .

City State Zip
H a m b u r g N Y 1 4 0 7 5 -

eMail
m s h u t t l e w o r t h @ v i l l a g e h a m b u r g . c o m

Phone County
(7 1 6) 6 4 9 - 0 2 0 0 E r i e

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Village of Hamburg

SPDES ID
N Y R 2 0 A 1 4 8

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

W e s t e r n N Y S t o r m w a t e r C o a l i t i o n

Partner/Coalition Name (cont.)

c / o E r i e C o u n t y D E P

SPDES Partner ID - If applicable

N Y R 2 0

Address

9 5 F r a n k l i n S t r e e t

City

B u f f a l o

State

N Y

Zip

1 4 2 0 2 -

eMail

m a r y . r o s s i @ e r i e . g o v

Phone

(7 1 6) 8 5 8 - 7 5 8 3

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 M u l t i p l e T a s k s
- MM2 M u l t i p l e T a s k s
- MM3 M u l t i p l e T a s k s
- MM4 T r a i n i n g & E d u c a t i o n
- MM5 T r a i n i n g & E d u c a t i o n
- MM6 T r a i n i n g & E d u c a t i o n

Additional tasks/responsibilities

- Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Hamburg

SPDES ID
N Y R 2 0 A 1 4 8

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name MI Last Name
T h o m a s J M o s e s

Title (Clearly print title of individual signing report)
M a y o r

Signature
Thomas J Moses

Date
0 3 / 3 1 / 2 0 1 6

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Identification of Pollutants of Concern; Waterbodies of Concern; Geographic Areas of Concern; Target Audiences

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Pollutants of Concern: sediment/silt; pathogens; floatables; phosphorous
 Waterbodies of Concern: 18 Mile Creek
 Geographic Areas of Concern: Village of Hamburg - Industrial sites
 Target Audiences: households; developers; contractors; small businesses

C. How many times was this observation measured or evaluated in this reporting period?

			4
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

As needed, update POCs, waterbodies of concern, geographic areas of concern and target audiences. Continue to address via public education and outreach.

MS4 Annual Report Form

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Village of Hamburg

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Develop additional/update existing public education materials addressing stormwater pollution prevention for general public, target businesses/activities and schools. Prepare posters that can be placed within municipal buildings, libraries, and schools. Maintain a webpage to educate the public on stormwater pollution prevention, the MS4 SWMPP and involvement opportunities. Display/distribute public education materials and posters in municipal buildings and libraries.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Maintained records of number of educational materials distributed.
 Updated brochures: Citizens Guide, Household Guide, Pond Guide, Rain Garden Booklet, Rain Barrel Booklet.
 Developed BMP mail inserts for: car washing, lawn-garden practices and stormwater P2.
 Distributed stormwater pollution prevention posters to public libraries for display.

C. How many times was this observation measured or evaluated in this reporting period?

5	7	7	3
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Develop additional public education brochures - as needed.
 Continue to display public education materials in municipal buildings and libraries.
 Update webpage as needed with new educational materials.
 Continue to reinforce the messages conveyed with printed materials & displays with use of additional media when funding is available.

MS4 Annual Report Form

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Distribute Grades K-12 education packages.
Participate in educational programming.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Participated in school science fairs (4 events: 1,403 participants), Niagara County Environmental Field Days (1 event: 398 participants), Girl Scout Troop (1 event: 17 participants).
Coordinated annual Rain Barrel Painting Contest for K-12 schools/youth groups (1 event: 240 participants).

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Teacher education packages are a bi-ennial BMP.

 Yes No**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?** Yes No**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Education packages will be updated & distributed mid-Fall of the March 2016 - March 2017 reporting cycle as per current biennial implementation.
Participate in school science fairs/events, Niagara County's Environmental Field Days, 2016 Great Lakes Student Summit.
Conduct annual Rain Barrel Painting Contest for K-12 schools/groups in Erie and Niagara County.

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Village of Hamburg

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Utilize public education display for outreach & education for at least two community events or set up public education display in a prominent location in a municipal building. Mount a permanent wall plaque in a municipal building frequented by the public.
Utilize public education display for outreach & education at regional community events.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Set up public education display for outreach & education at two community events/locations within the MS4 community and/or set up public education display and mount wall plaque in prominent locations in a municipal building frequented by the public.
Utilized public education display/activities for outreach & education at a variety of regional/community events.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Plan to use public education display at two community events/locations by March 9, 2017 and/or continue use of public education display and permanently mounted wall plaque in prominent locations in a municipal building frequented by the public.
Plan to use public education display at 15 regional community events by March 9, 2017.

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Village of Hamburg

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Post video and PSAs on WNY Stormwater Coalition webpage.
Use video and PSAs at public meetings, in school programs and at community events as appropriate.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Video & PSAs on webpage (www.erie.gov/stormwater).
Displayed the PSAs at 2 school programs.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to promote video/PSAs addressing stormwater pollution and water quality protection in WNY. Use video and/or PSAs at public education venues. Continue to pursue funding opportunities to use local media outlets to educate the public.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition:

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Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

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1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events

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- Comments on SWMP Received # Comments

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- Community Hotlines Phone # (

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- Phone # (

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Phone # (

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Phone # (

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- Community Meetings (All WNYSC meetings open to public) # Attendees

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- Plantings Sq. Ft.

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- Storm Drain Markings # Drains

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- Stakeholder Meetings # Attendees

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- Volunteer Monitoring # Events

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- Other:

H	o	u	s	e	h	o	l	d	H	a	z	a	r	d	o	u	s	W	a	s	t	e	E	v	e	n	t	s
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2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List

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- Newspaper Advertising # Days Run

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- TV/Radio Notices # Days Run

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- Other:

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Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg																			
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SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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1	5
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2	0	1	6
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4.b. For how many days was/will this report be posted?

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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? WNY Stormwater Coalition - April 2016

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Identify key individuals and groups who are interested in/or affected by the permitting program. Groups identified include: Erie County Environmental Management Council; Niagara County Environmental Management Council; municipal Conservation Advisory Committees; Buffalo Niagara Riverkeeper; Erie and Niagara County's Soil & Water Conservation Districts; Erie County Water Quality Committee.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Participation of Erie County Soil & Water Conservation District (3); and, Erie County Water Quality Committee (3) in WNYSC monthly meetings, SWMP and Annual Report review, trainings and activities.

C. How many times was this observation measured or evaluated in this reporting period?

			6
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Continue to encourage participation of Buffalo Niagara Riverkeeper; Erie County Soil & Water Conservation District,; Niagara County Soil & Water Conservation District and MS4 Conservation Advisory Committee members in WNYSC monthly meetings, trainings & activities.

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Name of MS4/Coalition

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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Provide public with an ongoing opportunity to inspect Stormwater Management Program Plan (SWMPP). Present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.
Provide public notice about the presentation in accordance with State Open Meetings Law or other local public notice requirements.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of known SWMPP reviews (0).
Number of attendees at public meeting (30).
Number of known webpage reviews (0).

C. How many times was this observation measured or evaluated in this reporting period?

		3	0
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to provide public with an ongoing opportunity to inspect SWMPP.
Continue to present the draft Annual Report at a meeting that is open to the public and/or on the internet to solicit public review and comment.

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Name of MS4/Coalition

Village of Hamburg

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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inform and encourage residents about opportunities to participate in stormwater pollution prevention programming including: community clean up initiatives such as Household Hazardous Waste collections, Great American Clean Ups; Buffalo Niagara Riverkeepers Spring/Fall Shoreline Clean Up and Keep America Beautiful Fall Beach Sweep; and, annual Erie-Niagara County Rain Barrel and Compost Bin Sale.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of Household Hazardous Waste collections (5); number of participants (4,581)
 Number of clean up events (2); number of participants (2,118)
 Number of Rain Barrels/Composters sold (748); number of participants (631)

C. How many times was this observation measured or evaluated in this reporting period?

7	3	3	0
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Erie County: Publish a notice in local paper & Erie County Household Hazardous Waste webpage (May, June 2016) to notify residents of the Collection events. Niagara County: Educate residents on options for disposal of household hazardous waste, location, schedule and guidelines for facilities accepting the waste (year-round;ongoing). Rain barrel/composter sale scheduled for Spring 2016. Continue to track community clean up events and other stormwater related community involvement.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Incorporate feedback mechanism into WNYSC and/or MS4 webpage

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of responses received.

C. How many times was this observation measured or evaluated in this reporting period?

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to provide feedback option on webpage in the form of a name/contact number and public comment forms.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Identify Contact Person for Stormwater Program

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Stormwater Management Officer appointed/designated and listed in SWMPP.
Stormwater Management Officer listed in MS4 Reference Guide on WNY Stormwater Coalition webpage.

C. How many times was this observation measured or evaluated in this reporting period?

N/A

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Identify Stormwater Management Officer in SWMPP, update as needed.
Identify Stormwater Management Officer in MS4 Reference Guide on WNY Stormwater Coalition webpage, update as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Industrial Connections
- Cross Connections
- Inflow/Infiltration
- Failing Septic Systems
- Pump Station Failure
- Floor Drains Connected To Storm Sewers
- Sanitary Sewer Overflows
- Illegal Dumping
- Straight Pipe Sewer Discharges
- Other: None

w	a	s	h	o	u	t		f	r	o	m		d	e	l	i	v	e	r	y		o	f		c	o	n	c	r	e	t
---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		1
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		1
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

--	--	--

7. Has the storm sewershed mapping been completed in this reporting period?

Yes No

If No, approximately what percent was completed in this reporting period?

1	0	0
---	---	---

 %

Storm sewer mapping progress applies to 2000 MS4 Areas;

2010 MS4 Areas will be mapped summer/fall 2016; spring summer 2017 as needed

8. Is the above information available in GIS?

Yes No

Is this information available on the web?

Yes No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

h	t	t	p	:	/	/	g	i	s	2	.	e	r	i	e	.	g	o	v	/	G	C	/	E	N	S	S	O	/			
P	u	b	l	i	c	L	a	u	n	c	h	P	a	g	e	.	a	s	p	x												

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8	
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12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Update outfall data and map as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Outfall inspections according to schedule.
New outfalls added as located or at time of completion.
Timely updates to outfall data.
GIS outfall map is current.

C. How many times was this observation measured or evaluated in this reporting period?

		1	6
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue outfall inspections according to schedule.
Continue to update existing information/add new outfalls as needed.
Continue to maintain and update GIS outfall map.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8	
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12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Outfall Reconnaissance Inventory (ORI) - routine dry weather visual inspections of outfalls.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

44 Number of outfall inspections completed.

C. How many times was this observation measured or evaluated in this reporting period?

		4	4
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Plan to inspect at least 20% of outfalls.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8	
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12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Pollutant source tracking procedures to detect and address non-stormwater discharges, including illegal dumping, as needed in response to public complaints or by scheduled inspection of outfalls.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

1 outfalls sampled/trackdown investigations conducted.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex. : samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Plan to sample outfalls discharging during dry weather to determine presence of pollutants.
Plan to conduct trackdown sampling/investigation as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8	
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		0
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

--	--	--

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

Via NYS 4 Hour Erosion & Sediment Control Training

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

- Notices of Violation #

					0
--	--	--	--	--	---

 No Authority
- Stop Work Orders #

					0
--	--	--	--	--	---

 No Authority
- Criminal Actions #

					0
--	--	--	--	--	---

 No Authority
- Termination of Contracts #

					0
--	--	--	--	--	---

 No Authority
- Administrative Fines #

					0
--	--	--	--	--	---

 No Authority
- Civil Penalties #

					0
--	--	--	--	--	---

 No Authority
- Administrative Orders #

					0
--	--	--	--	--	---

 No Authority
- Enforcement Actions or Sanctions #

					0
--	--	--	--	--	---

 No Authority
- Other #

					0
--	--	--	--	--	---

 No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? NT

--	--	--

 %

4. What percent of active construction sites were inspected more than once? NT

--	--	--

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City

Zip

Phone

() -

○ Library

Address

City

Zip

-

Phone

() -

○ Other

Address

City

Zip

-

Phone

() -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of SWPPPs approved.

C. How many times was this observation measured or evaluated in this reporting period?

			0
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to conduct SWPPP review for all permitted construction sites to ensure consistency with State and local erosion and sediment control requirements and NYS Design Standards.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-10-001 (projects approved prior to January 1, 2015) or GP-0-15-002 (current).
Issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-10-001 (projects approved prior to January 1, 2015) or GP-0-15-002 (current).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of active construction sites and inspections performed for each.
Number and type of enforcement actions.

C. How many times was this observation measured or evaluated in this reporting period?

			0
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to conduct inspections of permitted construction sites that discharge stormwater to the MS4 as often as needed to ensure compliance with GP-0-10-001 (projects approved prior to January 1, 2015) or GP-0-15-002 (current). Continue to issue enforcement actions to owners/operators of construction sites that are not in compliance with GP-0-10-001 (projects approved prior to January 1, 2015) or GP-0-15-002 (current).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8	
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Provide the public with an opportunity to review and comment on proposed design plans and construction projects.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of projects presented for public review and comment.

C. How many times was this observation measured or evaluated in this reporting period?

			0
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to provide the public with an opportunity to review and comment on proposed design plans and construction projects.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8		
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		5
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Develop an inventory and inspection program for post-construction stormwater management practices.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Inventory of post-construction stormwater management practices created.
Number of post-construction stormwater management practices inspected.

C. How many times was this observation measured or evaluated in this reporting period?

		4	4
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Maintain inventory of all post-construction stormwater management practices.
Plan to inspect 20% of post-construction stormwater management practices per year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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Name of MS4/Coalition

Village of Hamburg

SPDES ID6

N	Y	R	2	0	1	4	8	
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct maintenance on post-construction stormwater management practices as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number and type of post-construction stormwater management practices maintained.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to conduct maintenance on post-construction stormwater management practices as needed.

MS4 Annual Report Form

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Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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2. Provide the following information about municipal operations good housekeeping programs:

- **Parking Lots Swept** (Number of acres X Number of times swept) # Acres

			2	4
--	--	--	---	---
- **Streets Swept** (Number of miles X Number of times swept) # Miles

		1	6	0
--	--	---	---	---
- **Catch Basins Inspected and Cleaned Where Necessary** #

			6	0
--	--	--	---	---
- **Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary** #

				4
--	--	--	--	---
- **Phosphorus Applied In Chemical Fertilizer** # Lbs.

--	--	--	--	--
- **Nitrogen Applied In Chemical Fertilizer** # Lbs.

--	--	--	--	--
- **Pesticide/Herbicide Applied** # Acres

					.	
--	--	--	--	--	---	--

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			1	0
--	--	--	---	---

4. What was the date of the last training?

0	2
---	---

 /

1	7
---	---

 /

2	0	1	6
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		3
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	1	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8	
---	---	---	---	---	---	---	---	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inspect catch basins and clean as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of catch basins inspected.

Number of catch basins cleaned.

C. How many times was this observation measured or evaluated in this reporting period?

		6	0
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to inspect catch basins and clean as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8	
---	---	---	---	---	---	---	---	--

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct street sweeping of 160 miles of roadway

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

160 miles of street swept.

C. How many times was this observation measured or evaluated in this reporting period?

	1	6	0
--	---	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to sweep streets.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Create an inventory of operations/activities/facilities that are subject to environmental assessment requirement.
Conduct environmental assessment of each operation/activity/facility every three years.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of environmental assessments performed.

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Conduct environmental assessment of each operation/activity/facility every three years.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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Additional Watershed Improvement Strategy Best Management Practices

N/A

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? Yes No N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

--	--	--

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

--	--	--

7c. What percent of the projects included in 7b have been completed in this reporting period?

--	--	--

 %

7d. What percent of projects planned in previous years have been completed?

--	--	--

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? Yes No N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Hamburg

SPDES ID

N	Y	R	2	0	1	4	8
---	---	---	---	---	---	---	---

9. Has your MS4/Coalition developed and implemented a program of native planting?

Yes No N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

Yes No N/A

11. Does your MS4/Coalition have a pet waste bag program?

Yes No N/A

12. Does your MS4/Coalition have a program to manage goose populations?

Yes No N/A

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHAI

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: 9/10/15

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outfall location is mapped accurately.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Municipal ID is correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical attributes (pipe size, diameter, material, etc.) are correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection conducted under dry conditions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall is discharging.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has odor present? Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has color, foaming, etc. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure is damaged. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure has staining. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires maintenance. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires sampling, further investigation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall update request will be submitted. Describe: _____

Comments:
excess veg

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: 2 / HSR

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: J D B R

YES NO N/A

- YES NO N/A Outfall location is mapped accurately.
- YES NO N/A Municipal ID is correct.
- YES NO N/A Physical attributes (pipe size, diameter, material, etc.) are correct.
- YES NO N/A Inspection conducted under dry conditions.
- YES NO N/A Outfall is discharging.
- YES NO N/A Outfall discharge has odor present? Describe: _____
- YES NO N/A Outfall discharge has color, foaming, etc. Describe: _____
- YES NO N/A Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____
- YES NO N/A Outfall structure is damaged. Describe: _____
- YES NO N/A Outfall structure has staining. Describe: _____
- YES NO N/A Outfall requires maintenance. Describe: _____
- YES NO N/A Outfall requires sampling, further investigation.
- YES NO N/A Outfall update request will be submitted. Describe: _____

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA3

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PJ B NR

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outfall location is mapped accurately.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Municipal ID is correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical attributes (pipe size, diameter, material, etc.) are correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection conducted under dry conditions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall is discharging.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has odor present? Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has color, foaming, etc. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure is damaged. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure has staining. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires maintenance. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires sampling, further investigation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall update request will be submitted. Describe: _____

Comments:

excess ve3

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VIA 6

Date of Inspection: 7/10/15

Receiving Water Body: _____

Inspected By: MSB

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: V. A 7

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS ? NZ

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 8

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS 3 LR

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outfall location is mapped accurately.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Municipal ID is correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical attributes (pipe size, diameter, material, etc.) are correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection conducted under dry conditions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall is discharging.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has odor present? Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has color, foaming, etc. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure is damaged. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure has staining. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires maintenance. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires sampling, further investigation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall update request will be submitted. Describe: _____

Comments:

Excess VE 3 - 12 inch HDPE Pipe

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 9

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS J NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VFA 10

Date of Inspection: 7/10/15

Receiving Water Body: _____

Inspected By: PD MR NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: 51HA

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VH5R

Date of Inspection: 9/12/15

Receiving Water Body: _____

Inspected By: CS 2012

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 13

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS & NR

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

unable to locate pipe

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VIA III

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS 3 NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

unable to locate pipe

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VFA 15

Date of Inspection: 7/10/15

Receiving Water Body: _____

Inspected By: PS 3 NR

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outfall location is mapped accurately.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Municipal ID is correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical attributes (pipe size, diameter, material, etc.) are correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection conducted under dry conditions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall is discharging.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has odor present? Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has color, foaming, etc. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure is damaged. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure has staining. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires maintenance. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires sampling, further investigation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall update request will be submitted. Describe: _____

Comments:

12 in steel pipe out of steep
slope

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VIA 16

Date of Inspection: 9/12/15

Receiving Water Body: _____

Inspected By: PS & NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: 1PA 22

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PJ 3 NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: 5-A23

Date of Inspection: 3/10/14

Receiving Water Body: _____

Inspected By: PS or MR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

excess v03

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 26

Date of Inspection: 2/10/15

Receiving Water Body: _____

Inspected By: PJ 3 NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA27

Date of Inspection: 7/10/15

Receiving Water Body: _____

Inspected By: PS & NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 28

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS S NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VFA29

Date of Inspection: 7/10/15

Receiving Water Body: _____

Inspected By: NR 3 PJ

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Possible private line from Evans Bank,
unmapped outfall nearby.

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VA 30

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS 3 NR

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outfall location is mapped accurately.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Municipal ID is correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical attributes (pipe size, diameter, material, etc.) are correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection conducted under dry conditions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall is discharging.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has odor present? Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has color, foaming, etc. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure is damaged. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall structure has staining. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires maintenance. Describe: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall requires sampling, further investigation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outfall update request will be submitted. Describe: _____

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA34

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PT and N.L

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 37

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: [Signature]

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

H Excess veg

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA38

Date of Inspection: 7/10/15

Receiving Water Body: _____

Inspected By: B3 NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Paint taken at Man hole

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VAD 0

Date of Inspection: 7/10/15

Receiving Water Body: _____

Inspected By: J. B. R.

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 41

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PJ3 NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: VHA 42

Date of Inspection: 9/10/15

Receiving Water Body: _____

Inspected By: PS 3NR

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Outfall ID: 11111

Date of Inspection: 9/1/15

Receiving Water Body: _____

Inspected By: JK

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:
