

High Risk Facility Inspection Form

Date of Inspection: _____

Name of Business or Owner: _____

Address of Facility: _____

Identification of MS4 component that could receive discharge from this site: _____

Does type of business require an MSGP? Yes___ No___

If yes, does this facility have one? Yes___ No___

Findings:

Evidence of illicit connections to storm sewer? Yes___ No___

Evidence of dumping/spills to storm sewer? Yes___ No___

Evidence of wash water going to storm sewer? Yes___ No___

Storage tanks leaking or improperly contained? Yes___ No___

Stockpiles/debris piles uncontained? Yes___ No___

If "yes," to any above, describe:

Type of Enforcement Action Taken: _____

Date to verify elimination: _____

Date of Referral to FDEP of facility that may require MSGP: _____