



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: 10/30/18

Address of Facility OR General Description of Area Inspected: TOWN OF HAVERHILL

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

If Facility inspection, does type of business require an MSGP? Yes ___ No X

If yes, does this facility have one? Yes ___ No ___

Findings:

Evidence of illicit connections to storm sewer/canals? Yes ___ No X

Evidence of dumping/spills to storm sewer/canals? Yes ___ No X

Evidence of wash water going to storm sewer/canals? Yes ___ No X

Storage tanks leaking or improperly contained? Yes ___ No X

Stockpiles/debris piles uncontained? Yes ___ No X

If "yes," to any above, describe:

Handwritten area with horizontal lines for describing findings.

Type of Enforcement Action Taken: _____

Date to verify elimination: _____

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



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: 12/28/18

Address of Facility OR General Description of Area Inspected: TOWN OF HAVERHILL

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

If Facility inspection, does type of business require an MSGP? Yes___ No X

If yes, does this facility have one? Yes___ No___

Findings:

Evidence of illicit connections to storm sewer/canals? Yes___ No X

Evidence of dumping/spills to storm sewer/canals? Yes___ No X

Evidence of wash water going to storm sewer/canals? Yes___ No X

Storage tanks leaking or improperly contained? Yes___ No X

Stockpiles/debris piles uncontained? Yes___ No X

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: _____



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: 2/26/19

Address of Facility OR General Description of Area Inspected: TOWN OF HAVERHILL

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

If Facility inspection, does type of business require an MSGP? Yes ___ No X

If yes, does this facility have one? Yes ___ No ___

Findings:

Evidence of illicit connections to storm sewer/canals? Yes ___ No X

Evidence of dumping/spills to storm sewer/canals? Yes ___ No X

Evidence of wash water going to storm sewer/canals? Yes ___ No X

Storage tanks leaking or improperly contained? Yes ___ No X

Stockpiles/debris piles uncontained? Yes ___ No X

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: _____



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: 4/29/19

Address of Facility OR General Description of Area Inspected: TOWN OF HAVERHILL

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

If Facility inspection, does type of business require an MSGP? Yes ___ No X

If yes, does this facility have one? Yes ___ No ___

Findings:

Evidence of illicit connections to storm sewer/canals? Yes ___ No X

Evidence of dumping/spills to storm sewer/canals? Yes ___ No X

Evidence of wash water going to storm sewer/canals? Yes ___ No X

Storage tanks leaking or improperly contained? Yes ___ No X

Stockpiles/debris piles uncontained? Yes ___ No X

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: _____



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: 5/29/19

Address of Facility OR General Description of Area Inspected: TOWN OF HAVERHILL

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

If Facility inspection, does type of business require an MSGP? Yes ___ No X

If yes, does this facility have one? Yes ___ No ___

Findings:

Evidence of illicit connections to storm sewer/canals? Yes ___ No X

Evidence of dumping/spills to storm sewer/canals? Yes ___ No X

Evidence of wash water going to storm sewer/canals? Yes ___ No X

Storage tanks leaking or improperly contained? Yes ___ No X

Stockpiles/debris piles uncontained? Yes ___ No X

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: _____



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: 6/27/19

Address of Facility OR General Description of Area Inspected: TOWN OF HAVERHILL

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

If Facility inspection, does type of business require an MSGP? Yes ___ No X

If yes, does this facility have one? Yes ___ No ___

Findings:

Evidence of illicit connections to storm sewer/canals? Yes ___ No X

Evidence of dumping/spills to storm sewer/canals? Yes ___ No X

Evidence of wash water going to storm sewer/canals? Yes ___ No X

Storage tanks leaking or improperly contained? Yes ___ No X

Stockpiles/debris piles uncontained? Yes ___ No X

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: _____



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: 7/25/19

Address of Facility OR General Description of Area Inspected: TOWN OF HAVERHILL

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

If Facility inspection, does type of business require an MSGP? Yes___ No X

If yes, does this facility have one? Yes___ No___

Findings:

- Evidence of illicit connections to storm sewer/canals? Yes___ No X
- Evidence of dumping/spills to storm sewer/canals? Yes___ No X
- Evidence of wash water going to storm sewer/canals? Yes___ No X
- Storage tanks leaking or improperly contained? Yes___ No X
- Stockpiles/debris piles uncontained? Yes___ No X

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: _____



Proactive Illicit Discharge/Illegal Connection Inspection Form

Date of Inspection: _____

Address of Facility OR General Description of Area Inspected: _____

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

If Facility inspection, 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/canals? Yes___ No___

Evidence of dumping/spills to storm sewer/canals? Yes___ No___

Evidence of wash water going to storm sewer/canals? 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: _____