



WATERSHED: <u>NBPR</u>	SUBWATERSHED: <u>WBS</u>	UNIQUE SITE ID: <u>WBS-HSI-02</u>
DATE: <u>11/19/09</u>	ASSESSED BY: <u>KMB</u>	CAMERA ID: _____
MAP GRID: _____	LAT <u> </u> ° <u> </u> ' <u> </u> "	LONG <u> </u> ° <u> </u> ' <u> </u> "
		PIC#: <u>44-56</u>
		LMK # _____

A. SITE DATA AND BASIC CLASSIFICATION

Name and Address: TUNXIS Rd. Filley Pond Plaza
(Heisler's Supermarket is anchored)

Category: Commercial Industrial Miscellaneous
 Institutional Municipal Golf Course
 Transport-Related Marina Animal Facility

SIC code (if available): _____ Basic Description of Operation: Supermarket/retail plaza

NPDES Status: Regulated *GSC approval* Unregulated Unknown

INDEX*

B. VEHICLE OPERATIONS N/A (Skip to part C)

Observed Pollution Source?

B1. Types of vehicles: Fleet vehicles School buses Other: _____

B2. Approximate number of vehicles: _____

B3. Vehicle activities (circle all that apply): Maintained Repaired Recycled Fueled Washed Stored

B4. Are vehicles stored and/or repaired outside? Y N Can't Tell

Are these vehicles lacking runoff diversion methods? Y N Can't Tell

B5. Is there evidence of spills/leakage from vehicles? Y N Can't Tell

B6. Are uncovered outdoor fueling areas present? Y N Can't Tell

B7. Are fueling areas directly connected to storm drains? Y N Can't Tell

B8. Are vehicles washed outdoors? Y N Can't Tell

Does the area where vehicles are washed discharge to the storm drain? Y N Can't Tell

OUTDOOR MATERIALS N/A (Skip to part D)

Observed Pollution Source?

C1. Are loading/unloading operations present? Y N Can't Tell

If yes, are they uncovered and draining towards a storm drain inlet? Y N Can't Tell

C2. Are materials stored outside? Y N Can't Tell

Where are they stored? grass/dirt area concrete/asphalt bermed area

If yes, are they Liquid Solid Description: bins/crates 55 gal drums under cover packaging items

C3. Is the storage area directly or indirectly connected to storm drain (circle one)? Y N Can't Tell

C4. Is staining or discoloration around the area visible? Y N Can't Tell

C5. Does outdoor storage area lack a cover? Y N Can't Tell

C6. Are liquid materials stored without secondary containment? Y N Can't Tell

C7. Are storage containers missing labels or in poor condition (rusting)? Y N Can't Tell

D. WASTE MANAGEMENT N/A (Skip to part E)

Observed Pollution Source?

D1. Type of waste (check all that apply): Garbage Construction materials Hazardous materials

D2. Dumpster condition (check all that apply): No cover/Lid is open Damaged/poor condition Leaking or evidence of leakage (stains on ground) Overflowing

D3. Is the dumpster located near a storm drain inlet? Y N Can't Tell

If yes, are runoff diversion methods (berms, curbs) lacking? Y N Can't Tell

picture 50

E. PHYSICAL PLANT N/A (Skip to part F)

Observed Pollution Source?

E1. Building: Approximate age: _____ yrs. Condition of surfaces: Clean Stained Dirty Damaged

Evidence that maintenance results in discharge to storm drains (staining/discoloration)? Y N Don't know

*Index: ○ denotes potential pollution source; denotes confirmed polluter (evidence was seen)



WATERSHED: <u>NBPR</u>		SUBWATERSHED: <u>BHR</u>		UNIQUE SITE ID: <u>BHR-HSI-01</u>	
DATE: <u>11/19/09</u>		ASSESSED BY: <u>KMB</u>		CAMERA ID: _____	
PIC#: <u>82-83</u>		LIMK # _____		LAT _____ ° _____ ' _____ " LONG _____ ° _____ ' _____ "	
A. SITE DATA AND BASIC CLASSIFICATION					
Name and Address: <u>Bloomfield Town Garage</u> <u>Southwood Rd</u>		Category: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Institutional <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input checked="" type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility			
SIC code (if available): _____		Basic Description of Operation: <u>Maintenance garage & office</u>			
NPDES Status: <input checked="" type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown		INDEX*			
B. VEHICLE OPERATIONS <input type="checkbox"/> N/A (Skip to part C)					Observed Pollution Source? <input type="checkbox"/>
B1. Types of vehicles: <input checked="" type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____					
B2. Approximate number of vehicles: _____					
B3. Vehicle activities (circle all that apply): <u>Maintained</u> <u>Repaired</u> Recycled <u>Fueled</u> <u>Washed</u> <u>Stored</u>					○
B4. Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
B5. Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
B6. Are uncovered outdoor fueling areas present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					●
B7. Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
B8. Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
OUTDOOR MATERIALS <input type="checkbox"/> N/A (Skip to part D)					Observed Pollution Source? <input type="checkbox"/>
C1. Are loading/unloading operations present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					○
If yes, are they uncovered and draining towards a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
C2. Are materials stored outside? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Solid Description: <u>gravel or sand pile</u>					●
Where are they stored? <input type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area					
C3. Is the storage area directly or indirectly connected to storm drain (circle one)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
C4. Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
C5. Does outdoor storage area lack a cover? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					○
C6. Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
C7. Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
D. WASTE MANAGEMENT <input type="checkbox"/> N/A (Skip to part E)					Observed Pollution Source? <input type="checkbox"/>
D1. Type of waste (check all that apply): <input checked="" type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials					○
D2. Dumpster condition (check all that apply): <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing <u>OK</u>					○
D3. Is the dumpster located near a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
If yes, are runoff diversion methods (berms, curbs) lacking? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell					○
E. PHYSICAL PLANT <input type="checkbox"/> N/A (Skip to part F)					Observed Pollution Source? <input type="checkbox"/>
E1. Building: Approximate age: <u>60</u> yrs. Condition of surfaces: <input type="checkbox"/> Clean <input checked="" type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged					○
Evidence that maintenance results in discharge to storm drains (staining/discoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Don't know					○

*Index: ○ denotes potential pollution source; denotes confirmed polluter (evidence was seen)



WATERSHED: <u>NBPK</u>		SUBWATERSHED: <u>BHR</u>		UNIQUE SITE ID: <u>BHR-HSI-02</u>	
DATE: <u>11/19/09</u>		ASSESSED BY: <u>KMB</u>		CAMERA ID: _____	
MAP GRID: _____		LAT <u> </u> ° <u> </u> ' <u> </u> "		LONG <u> </u> ° <u> </u> ' <u> </u> "	
A. SITE DATA AND BASIC CLASSIFICATION					
Name and Address: <u>Mather Corp.?</u> <u>Southwood Drive</u>		Category: <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility			
SIC code (if available): _____		Basic Description of Operation: _____			
NPDES Status: <input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown		INDEX*			
B. VEHICLE OPERATIONS <input checked="" type="checkbox"/> N/A (Skip to part C)				Observed Pollution Source? <input type="checkbox"/>	
B1. Types of vehicles: <input type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____					
B2. Approximate number of vehicles: _____					
B3. Vehicle activities (circle all that apply): Maintained Repaired Recycled Fueled Washed Stored ○					
B4. Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B5. Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B6. Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B7. Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B8. Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
OUTDOOR MATERIALS <input type="checkbox"/> N/A (Skip to part D)				Observed Pollution Source? <input type="checkbox"/>	
C1. Are loading/unloading operations present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
If yes, are they uncovered and draining towards a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C2. Are materials stored outside? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Solid Description: <u>used machinery</u> ●					
Where are they stored? <input type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area					
C3. Is the storage area directly or indirectly connected to storm drain (circle one)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C4. Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C5. Does outdoor storage area lack a cover? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C6. Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C7. Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
D. WASTE MANAGEMENT <input checked="" type="checkbox"/> N/A (Skip to part E)				Observed Pollution Source? <input type="checkbox"/>	
D1. Type of waste (check all that apply): <input type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials ○					
D2. Dumpster condition (check all that apply): <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing ○					
D3. Is the dumpster located near a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
If yes, are runoff diversion methods (berms, curbs) lacking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
E. PHYSICAL PLANT <input checked="" type="checkbox"/> N/A (Skip to part F)				Observed Pollution Source? <input type="checkbox"/>	
E1. Building: Approximate age: _____ yrs. Condition of surfaces: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged ○					
Evidence that maintenance results in discharge to storm drains (staining/discoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know ○					

*Index: ○ denotes potential pollution source; denotes confirmed pollutant (evidence was seen)



2. Parking Lot: Approximate age ____ yrs. Condition: Clean Stained Dirty Breaking up
 Surface material Paved/Concrete Gravel Permeable Don't know ○

E3. Do downspouts discharge to impervious surface? Y N Don't know None visible
 Are downspouts directly connected to storm drains? Y N Don't know ○

E4. Evidence of poor cleaning practices for construction activities (stains leading to storm drain)? Y N Can't Tell ○

F. TURF/LANDSCAPING AREAS N/A (skip to part G) Observed Pollution Source? _____

F1. % of site with: Forest canopy ____% Turf grass ____% Landscaping ____% Bare Soil ____% ○

F2. Rate the turf management status: High Medium Low ○

F3. Evidence of permanent irrigation or "non-target" irrigation Y N Can't Tell ○

F4. Do landscaped areas drain to the storm drain system? Y N Can't Tell ○

F5. Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surface? Y N Can't Tell ○

G. STORM WATER INFRASTRUCTURE N/A (skip to part H) Observed Pollution Source? _____

G1. Are storm water treatment practices present? Y N Unknown If yes, please describe: _____ ○

G2. Are private storm drains located at the facility? Y N Unknown
 Is trash present in gutters leading to storm drains? If so, complete the index below. ○

Index Rating for Accumulation in Gutters

	Clean				Filthy			
Sediment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
Organic material	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
Litter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	

G3. Catch basin inspection - Record SSD Unique Site ID here: _____ Condition: Dirty Clean

INITIAL HOTSPOT STATUS - INDEX RESULTS

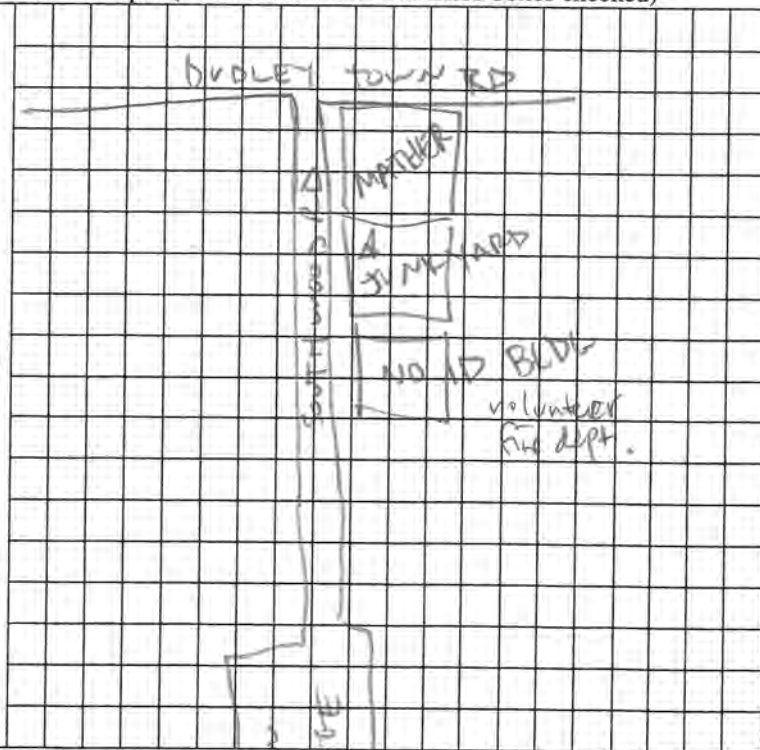
Not a hotspot (fewer than 5 circles and no boxes checked) Potential hotspot (5 to 10 circles but no boxes checked)
 Confirmed hotspot (10 to 15 circles and/or 1 box checked) Severe hotspot (>15 circles and/or 2 or more boxes checked)

Follow-up Action:

- Refer for immediate enforcement
- Suggest follow-up on-site inspection ★
- Test for illicit discharge
- Include in future education effort
- Check to see if hotspot is an NPDES non-filer
- Onsite non-residential retrofit
- Pervious area restoration; complete PAA sheet and record
 Unique Site ID here: _____
- Schedule a review of storm water pollution prevention plan

Notes:

Follow-up on ownership. Mather Corp?
 Stored tires, equipment, loading trucks, prob oil in most machines and a ton of parts.





WATERSHED: <u>NBPR</u>		SUBWATERSHED: <u>NBP</u>		UNIQUE SITE ID: <u>NBP-HSI-02</u>	
DATE: <u>11/11/09</u>		ASSESSED BY: <u>KMB</u>		CAMERA ID: _____	
MAP GRID: _____		LAT ____° ____' ____" LONG ____° ____' ____"		PIC#: <u>96-111</u>	
LMK # _____					
A. SITE DATA AND BASIC CLASSIFICATION					
Name and Address: <u>Copaco Shopping Center</u> <u>16449 Grand Rd Rt 218</u>		Category: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility			
SIC code (if available): _____		Basic Description of Operation: <u>Retail, Lumber, Stop & Shop</u>			
NPDES Status: <input checked="" type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown		INDEX*			
B. VEHICLE OPERATIONS <input checked="" type="checkbox"/> N/A (Skip to part C)				Observed Pollution Source? <input type="checkbox"/>	
B1. Types of vehicles: <input type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____					
B2. Approximate number of vehicles: _____					
B3. Vehicle activities (circle all that apply): Maintained <input type="checkbox"/> Repaired <input type="checkbox"/> Recycled <input type="checkbox"/> Fueled <input type="checkbox"/> Washed <input type="checkbox"/> Stored <input type="radio"/>					
B4. Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B5. Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B6. Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B7. Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B8. Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
OUTDOOR MATERIALS <input type="checkbox"/> N/A (Skip to part D)				Observed Pollution Source? <input type="checkbox"/>	
C1. Are loading/unloading operations present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
If yes, are they uncovered and draining towards a storm drain inlet? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <i>see pic</i> <input type="radio"/>					
C2. Are materials stored outside? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Solid Description: <u>Sand Salt</u>					
Where are they stored? <input checked="" type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area <input type="radio"/>					
C3. Is the storage area <u>directly</u> or indirectly connected to storm drain (circle one)? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
C4. Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
C5. Does outdoor storage area lack a cover? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <u>Sand/Salt covered, dirt NOT</u> <input type="radio"/>					
C6. Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
C7. Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
D. WASTE MANAGEMENT <input type="checkbox"/> N/A (Skip to part E)				Observed Pollution Source? <input type="checkbox"/>	
D1. Type of waste (check all that apply): <input checked="" type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials <input type="radio"/>					
D2. Dumpster condition (check all that apply): <input checked="" type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input checked="" type="checkbox"/> Overflowing <i>Some OK</i> <input type="radio"/>					
D3. Is the dumpster located near a storm drain inlet? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
If yes, are runoff diversion methods (berms, curbs) lacking? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
E. PHYSICAL PLANT <input checked="" type="checkbox"/> N/A (Skip to part F)				Observed Pollution Source? <input type="checkbox"/>	
E1. Building: Approximate age: <u>25</u> yrs. Condition of surfaces: <input checked="" type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged					
Evidence that maintenance results in discharge to storm drains (staining/discoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <input type="radio"/>					

*Index: ○ denotes potential pollution source; denotes confirmed polluter (evidence was seen)

win to nburg pes

WATERSHED: <u>NBPP</u>	SUBWATERSHED: <u>WTB</u>	UNIQUE SITE ID: <u>WTB-HSI-01</u>
E: <u>11/19/09</u>	ASSESSED BY: <u>KMB</u>	PIC#: <u>92-95</u>
MAP GRID:	LAT ___ ° ___ ' ___ " LONG ___ ° ___ ' ___ "	LMK #
A. SITE DATA AND BASIC CLASSIFICATION		
Name and Address: <u>105 W. Dudley town Rd</u>		Category: <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility
SIC code (if available): _____	Basic Description of Operation: <u>Indoor manufacturing / loading & storage</u>	
NPDES Status: <input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown		INDEX*
B. VEHICLE OPERATIONS <input type="checkbox"/> N/A (Skip to part C)		Observed Pollution Source? <input type="checkbox"/>
B1. Types of vehicles: <input checked="" type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____		
B2. Approximate number of vehicles: <u>< 5</u>		
B3. Vehicle activities (circle all that apply): Maintained Repaired Recycled Fueled Washed <u>Stored</u> Other		
B4. Are vehicles stored and/or repaired outside? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell		
B5. Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell		
B6. Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell		
B7. Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <u>N/A</u>		
B8. Are vehicles washed outdoors? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell		
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
C. OUTDOOR MATERIALS <input type="checkbox"/> N/A (Skip to part D)		Observed Pollution Source? <input type="checkbox"/>
C1. Are loading/unloading operations present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
If yes, are they uncovered and draining towards a storm drain inlet? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
C2. Are materials stored outside? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Solid Description: <u>dirt</u>		
Where are they stored? <input checked="" type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area		
C3. Is the storage area directly or indirectly connected to storm drain (circle one)? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
C4. Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell		
C5. Does outdoor storage area lack a cover? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
C6. Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <u>N/A (none)</u>		
C7. Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
D. WASTE MANAGEMENT <input type="checkbox"/> N/A (Skip to part E)		Observed Pollution Source? <input type="checkbox"/>
D1. Type of waste (check all that apply): <input checked="" type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials		
D2. Dumpster condition (check all that apply): <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing <u>OK</u>		
D3. Is the dumpster located near a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell		
If yes, are runoff diversion methods (berms, curbs) lacking? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		
E. PHYSICAL PLANT <input type="checkbox"/> N/A (Skip to part F)		Observed Pollution Source? <input type="checkbox"/>
E1. Building: Approximate age: <u>20</u> yrs. Condition of surfaces: <input checked="" type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged		
Evidence that maintenance results in discharge to storm drains (staining/dyscoloration)? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Don't know		

*Index: ○ denotes potential pollution source; denotes confirmed polluter (evidence was seen)

Parking Lot: Approximate age 10 yrs. Condition: Clean Stained Dirty Breaking up
 Surface material Paved/Concrete Gravel Permeable Don't know

E3. Do downspouts discharge to impervious surface? Y N Don't know None visible 50/50
 Are downspouts directly connected to storm drains? Y N Don't know

E4. Evidence of poor cleaning practices for construction activities (stains leading to storm drain)? Y N Can't Tell

F. TURF/LANDSCAPING AREAS N/A (skip to part G) Observed Pollution Source?

F1. % of site with: Forest canopy ___% Turf grass ___% Landscaping ___% Bare Soil ___%

F2. Rate the turf management status: High Medium Low

F3. Evidence of permanent irrigation or "non-target" irrigation Y N Can't Tell

F4. Do landscaped areas drain to the storm drain system? Y N Can't Tell

F5. Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surface? Y N Can't Tell

G. STORM WATER INFRASTRUCTURE N/A (skip to part H) Observed Pollution Source?

G1. Are storm water treatment practices present? Y N Unknown If yes, please describe: _____

G2. Are private storm drains located at the facility? Y N Unknown
 Is trash present in gutters leading to storm drains? If so, complete the index below.

Index Rating for Accumulation in Gutters					
	Clean			Filthy	
Sediment	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Organic material	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Litter	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G3. Catch basin inspection – Record SSD Unique Site ID here: _____ Condition: Dirty Clean

INITIAL HOTSPOT STATUS - INDEX RESULTS

Not a hotspot (fewer than 5 circles and no boxes checked) Potential hotspot (5 to 10 circles but no boxes checked)
 Confirmed hotspot (10 to 15 circles and/or 1 box checked) Severe hotspot (>15 circles and/or 2 or more boxes checked)

Follow-up Action:

<input type="checkbox"/> Refer for immediate enforcement <input checked="" type="checkbox"/> Suggest follow-up on-site inspection <input type="checkbox"/> Test for illicit discharge <input checked="" type="checkbox"/> Include in future education effort <input type="checkbox"/> Check to see if hotspot is an NPDES non-filer <input type="checkbox"/> Onsite non-residential retrofit <input type="checkbox"/> Pervious area restoration; complete PAA sheet and record Unique Site ID here: _____ <input type="checkbox"/> Schedule a review of storm water pollution prevention plan	
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Notes:

Should cover materials & equip in back unpaved lot.

WATERSHED: <u>NBP</u>	SUBWATERSHED: <u>NBT</u>	UNIQUE SITE ID: <u>NBP-HSI-01</u>
DATE: <u>11/19/09</u>	ASSESSED BY: <u>KMB</u>	CAMERA ID: _____
MAP GRID: _____	LAT <u> </u> ° <u> </u> ' <u> </u> " LONG <u> </u> ° <u> </u> ' <u> </u> "	LMK# _____
A. SITE DATA AND BASIC CLASSIFICATION		
Name and Address: <u>11 Commons</u> <u>U OF Hartford</u>	Category: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility	
SIC code (if available): _____	Basic Description of Operation: <u>University</u>	INDEX*
NPDES Status: <input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown		
B. VEHICLE OPERATIONS <input checked="" type="checkbox"/> N/A (Skip to part C)		Observed Pollution Source? <input type="checkbox"/>
B1. Types of vehicles: <input type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____		
B2. Approximate number of vehicles: _____		
B3. Vehicle activities (circle all that apply): Maintained Repaired Recycled Fueled Washed Stored		○
B4. Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
B5. Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
B6. Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
B7. Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
B8. Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
C. OUTDOOR MATERIALS <input checked="" type="checkbox"/> N/A (Skip to part D)		Observed Pollution Source? <input type="checkbox"/>
C1. Are loading/unloading operations present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
If yes, are they uncovered and draining towards a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
C2. Are materials stored outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input type="checkbox"/> Solid Description: _____		○
Where are they stored? <input type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area		○
C3. Is the storage area directly or indirectly connected to storm drain (circle one)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
C4. Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
C5. Does outdoor storage area lack a cover? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
C6. Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
C7. Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
D. WASTE MANAGEMENT <input type="checkbox"/> N/A (Skip to part E)		Observed Pollution Source? <input type="checkbox"/>
D1. Type of waste (check all that apply): <input checked="" type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials		○
D2. Dumpster condition (check all that apply): <input checked="" type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing		○
D3. Is the dumpster located near a storm drain inlet? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
If yes, are runoff diversion methods (berms, curbs) lacking? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell		○
E. PHYSICAL PLANT <input checked="" type="checkbox"/> N/A (Skip to part F)		Observed Pollution Source? <input type="checkbox"/>
E1. Building: Approximate age: _____ yrs. Condition of surfaces: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged		○
Evidence that maintenance results in discharge to storm drains (staining/discoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know		○

*Index: ○ denotes potential pollution source; denotes confirmed pollutant (evidence was seen)



WATERSHED: <u>NBRP</u>		SUBWATERSHED: <u>TDR</u>		UNIQUE SITE ID: <u>TDR-HSI-01</u>	
DATE: <u>11/19/09</u>		ASSESSED BY: <u>KMB</u>		CAMERA ID: _____	
MAP GRID: _____		LAT ____° ____' ____" LONG ____° ____' ____"		PIC#: <u>10-20</u>	
LMK # _____					
A. SITE DATA AND BASIC CLASSIFICATION					
Name and Address: _____ <u>Cigna, Mettler, Gillette</u> <u>Ridge Golf Course</u>		Category: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility			
SIC code (if available): _____		Basic Description of Operation: _____ <u>business campus</u>			
NPDES Status: <input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown		INDEX*			
B. VEHICLE OPERATIONS <input checked="" type="checkbox"/> N/A (Skip to part C)				Observed Pollution Source? <input type="checkbox"/>	
B1. Types of vehicles: <input type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____					
B2. Approximate number of vehicles: _____					
B3. Vehicle activities (circle all that apply): Maintained <input type="checkbox"/> Repaired <input type="checkbox"/> Recycled <input type="checkbox"/> Fueled <input type="checkbox"/> Washed <input type="checkbox"/> Stored <input type="radio"/>					
B4. Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B5. Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B6. Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B7. Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
B8. Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
OUTDOOR MATERIALS <input type="checkbox"/> N/A (Skip to part D)				Observed Pollution Source? <input type="checkbox"/>	
C1. Are loading/unloading operations present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell					
If yes, are they uncovered and draining towards a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
C2. Are materials stored outside? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input type="checkbox"/> Solid Description: _____					
Where are they stored? <input type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area <input type="radio"/>					
C3. Is the storage area <u>directly</u> or indirectly connected to storm drain (circle one)? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input checked="" type="radio"/>					
C4. Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
C5. Does outdoor storage area lack a cover? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
C6. Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
C7. Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Can't Tell <input type="radio"/>					
D. WASTE MANAGEMENT <input type="checkbox"/> N/A (Skip to part E)				Observed Pollution Source? <input type="checkbox"/>	
D1. Type of waste (check all that apply): <input checked="" type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials <input type="radio"/>					
D2. Dumpster condition (check all that apply): <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing <input type="radio"/>					
D3. Is the dumpster located near a storm drain inlet? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
If yes, are runoff diversion methods (berms, curbs) lacking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell <input type="radio"/>					
E. PHYSICAL PLANT <input checked="" type="checkbox"/> N/A (Skip to part F)				Observed Pollution Source? <input type="checkbox"/>	
E1. Building: Approximate age: _____ yrs. Condition of surfaces: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged <input type="radio"/>					
Evidence that maintenance results in discharge to storm drains (staining/discoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <input type="radio"/>					

*Index: denotes potential pollution source; denotes confirmed polluter (evidence was seen)



2. Parking Lot: Approximate age 15 yrs. Condition: Clean Stained Dirty Breaking up
 Surface material Paved/Concrete Gravel Permeable Don't know Metlife Lot

E3. Do downspouts discharge to impervious surface? Y N Don't know None visible
 Are downspouts directly connected to storm drains? Y N Don't know

E4. Evidence of poor cleaning practices for construction activities (stains leading to storm drain)? Y N Can't Tell

F. TURF/LANDSCAPING AREAS N/A (skip to part G) **Observed Pollution Source?**

F1. % of site with: Forest canopy 0 % Turf grass 80 % Landscaping 20 % Bare Soil 0 %

F2. Rate the turf management status: High Medium Low

F3. Evidence of permanent irrigation or "non-target" irrigation Y N Can't Tell

F4. Do landscaped areas drain to the storm drain system? Y N Can't Tell

F5. Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surface? Y N Can't Tell

G. STORM WATER INFRASTRUCTURE N/A (skip to part H) **Observed Pollution Source?**

G1. Are storm water treatment practices present? Y N Unknown If yes, please describe: wetland / pond

G2. Are private storm drains located at the facility? Y N Unknown
 Is trash present in gutters leading to storm drains? If so, complete the index below.

Index Rating for Accumulation in Gutters					
	Clean			Filthy	
Sediment	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Organic material	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Litter	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G3. Catch basin inspection - Record SSD Unique Site ID here: _____ Condition: Dirty Clean

INITIAL HOTSPOT STATUS - INDEX RESULTS

Not a hotspot (fewer than 5 circles and no boxes checked) Potential hotspot (5 to 10 circles but no boxes checked)
 Confirmed hotspot (10 to 15 circles and/or 1 box checked) Severe hotspot (>15 circles and/or 2 or more boxes checked)

Follow-up Action:

- Refer for immediate enforcement
- Suggest follow-up on-site inspection
- Test for illicit discharge
- Include in future education effort
- Check to see if hotspot is an NPDES non-filer
- Onsite non-residential retrofit
- Pervious area restoration; complete PAA sheet and record
Unique Site ID here: _____
- Schedule a review of storm water pollution prevention plan

Notes:

trad. curb & gutter
some landscaping but no end of leaders to landscaped areas
no roof leaders observed down bldgs
streets have clean catch basin grates
plenty of turf/ landscaped areas for retrofit

possible wetland across f/ Metlife providing treatment.



★

WATERSHED:		SUBWATERSHED: <u>WBS</u>		UNIQUE SITE ID: <u>WBS-HSI-01</u>	
DATE: <u>11/19/09</u>		ASSESSED BY: <u>EMB</u>		CAMERA ID:	
MAP GRID:		LAT ___° ___' ___" LONG ___° ___' ___"		PIC#: <u>21-30</u>	
LMK #					
A. SITE DATA AND BASIC CLASSIFICATION					
Name and Address: <u>Bloomfield town Hall</u>		Category: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Institutional <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Transport-Related <input type="checkbox"/> Marina <input type="checkbox"/> Animal Facility			
SIC code (if available): _____		Basic Description of Operation: <u>administrative building</u>			
NPDES Status: <input type="checkbox"/> Regulated <input type="checkbox"/> Unregulated <input type="checkbox"/> Unknown		INDEX*			
B. VEHICLE OPERATIONS <input checked="" type="checkbox"/> N/A (Skip to part C)				Observed Pollution Source? <input type="checkbox"/>	
B1. Types of vehicles: <input type="checkbox"/> Fleet vehicles <input type="checkbox"/> School buses <input type="checkbox"/> Other: _____					
B2. Approximate number of vehicles: _____					
B3. Vehicle activities (circle all that apply): Maintained Repaired Recycled Fueled Washed Stored ○					
B4. Are vehicles stored and/or repaired outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
Are these vehicles lacking runoff diversion methods? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B5. Is there evidence of spills/leakage from vehicles? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B6. Are uncovered outdoor fueling areas present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B7. Are fueling areas directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
B8. Are vehicles washed outdoors? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
Does the area where vehicles are washed discharge to the storm drain? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
OUTDOOR MATERIALS <input checked="" type="checkbox"/> N/A (Skip to part D)				Observed Pollution Source? <input type="checkbox"/>	
C1. Are loading/unloading operations present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
If yes, are they uncovered and draining towards a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C2. Are materials stored outside? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell If yes, are they <input type="checkbox"/> Liquid <input type="checkbox"/> Solid Description: _____ ○					
Where are they stored? <input type="checkbox"/> grass/dirt area <input type="checkbox"/> concrete/asphalt <input type="checkbox"/> bermed area					
C3. Is the storage area directly or indirectly connected to storm drain (circle one)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C4. Is staining or discoloration around the area visible? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C5. Does outdoor storage area lack a cover? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C6. Are liquid materials stored without secondary containment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
C7. Are storage containers missing labels or in poor condition (rusting)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
D. WASTE MANAGEMENT <input checked="" type="checkbox"/> N/A (Skip to part E)				Observed Pollution Source? <input type="checkbox"/>	
D1. Type of waste (check all that apply): <input type="checkbox"/> Garbage <input type="checkbox"/> Construction materials <input type="checkbox"/> Hazardous materials ○					
D2. Dumpster condition (check all that apply): <input type="checkbox"/> No cover/Lid is open <input type="checkbox"/> Damaged/poor condition <input type="checkbox"/> Leaking or evidence of leakage (stains on ground) <input type="checkbox"/> Overflowing ○					
D3. Is the dumpster located near a storm drain inlet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
If yes, are runoff diversion methods (berms, curbs) lacking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell ○					
E. PHYSICAL PLANT <input checked="" type="checkbox"/> N/A (Skip to part F)				Observed Pollution Source? <input type="checkbox"/>	
E1. Building: Approximate age: _____ yrs. Condition of surfaces: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Damaged ○					
Evidence that maintenance results in discharge to storm drains (staining/discoloration)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know ○					

*Index: ○ denotes potential pollution source; denotes confirmed polluter (evidence was seen)



2. Parking Lot: Approximate age 5 yrs. Condition: Clean Stained Dirty Breaking up
 Surface material Paved/Concrete Gravel Permeable Don't know

E3. Do downspouts discharge to impervious surface? Y N Don't know None visible *go into ground*
 Are downspouts directly connected to storm drains? Y N Don't know

E4. Evidence of poor cleaning practices for construction activities (stains leading to storm drain)? Y N Can't Tell

F. TURF/LANDSCAPING AREAS N/A (skip to part G) Observed Pollution Source?

F1. % of site with: Forest canopy ___% Turf grass ___% Landscaping ___% Bare Soil ___%

F2. Rate the turf management status: High Medium Low

F3. Evidence of permanent irrigation or "non-target" irrigation Y N Can't Tell

F4. Do landscaped areas drain to the storm drain system? Y N Can't Tell

F5. Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surface? Y N Can't Tell

G. STORM WATER INFRASTRUCTURE N/A (skip to part H) Observed Pollution Source?

G1. Are storm water treatment practices present? Y N Unknown If yes, please describe: _____

G2. Are private storm drains located at the facility? Y N Unknown
 Is trash present in gutters leading to storm drains? If so, complete the index below.

Index Rating for Accumulation in Gutters					
	Clean			Filthy	
Sediment	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Organic material	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5 <i>covered leaves in yard</i>
Litter	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G3. Catch basin inspection - Record SSD Unique Site ID here: _____ Condition: Dirty Clean *pic 26*

INITIAL HOTSPOT STATUS - INDEX RESULTS

Not a hotspot (fewer than 5 circles and no boxes checked) Potential hotspot (5 to 10 circles but no boxes checked)
 Confirmed hotspot (10 to 15 circles and/or 1 box checked) Severe hotspot (>15 circles and/or 2 or more boxes checked)

Follow-up Action:

- Refer for immediate enforcement
- Suggest follow-up on-site inspection
- Test for illicit discharge
- Include in future education effort
- Check to see if hotspot is an NPDES non-filer
- Onsite non-residential retrofit
- Pervious area restoration; complete PAA sheet and record Unique Site ID here: _____
- Schedule a review of storm water pollution prevention plan

Notes:

retrofit downspouts to yard & landscaping
Yard grades obvious retrofit.
center island may be too high elevation for drainage to catch basin



Did not write up. Has VERY large buffer compared to other side of NB.

UNIQUE SITE ID: NBP-HSI-10
 CAMERA ID: _____ PIC#: 21-24
 " LONG ° ' " LMK # _____

Commercial Industrial Miscellaneous
 Educational Municipal Golf Course
 Airport-Related Marina
 Animal Facility

Operation: _____ INDEX*

Observed Pollution Source?

Address: _____

WATERSHED: _____

DATE: 11/24/11

MAP GRID: _____

A. SITE DATA

Name and Address: Waban Lane Lot B

SIC code (if available): _____
 NPDES Status: Unregulated

B. VEHICLE OPERATIONS

B1. Types of vehicles: _____

B2. Approximate number of vehicles: _____

B3. Vehicle activities (circle all that apply): Maintained Repaired Recycled Fueled Washed Stored

B4. Are vehicles stored and/or repaired outside? Y N Can't Tell

Are these vehicles lacking runoff diversion methods? Y N Can't Tell

B5. Is there evidence of spills/leakage from vehicles? Y N Can't Tell

B6. Are uncovered outdoor fueling areas present? Y N Can't Tell

B7. Are fueling areas directly connected to storm drains? Y N Can't Tell

B8. Are vehicles washed outdoors? Y N Can't Tell

Does the area where vehicles are washed discharge to the storm drain? Y N Can't Tell

C. OUTDOOR MATERIALS N/A (Skip to part D) Observed Pollution Source?

C1. Are loading/unloading operations present? Y N Can't Tell

If yes, are they uncovered and draining towards a storm drain inlet? Y N Can't Tell

C2. Are materials stored outside? Y N Can't Tell If yes, are they Liquid Solid Description: _____
 Where are they stored? grass/dirt area concrete/asphalt bermed area

C3. Is the storage area directly or indirectly connected to storm drain (circle one)? Y N Can't Tell

C4. Is staining or discoloration around the area visible? Y N Can't Tell

C5. Does outdoor storage area lack a cover? Y N Can't Tell

C6. Are liquid materials stored without secondary containment? Y N Can't Tell

C7. Are storage containers missing labels or in poor condition (rusting)? Y N Can't Tell

D. WASTE MANAGEMENT N/A (Skip to part E) Observed Pollution Source?

D1. Type of waste (check all that apply): Garbage Construction materials Hazardous materials

D2. Dumpster condition (check all that apply): No cover/Lid is open Damaged/poor condition Leaking or evidence of leakage (stains on ground) Overflowing

D3. Is the dumpster located near a storm drain inlet? Y N Can't Tell

If yes, are runoff diversion methods (berms, curbs) lacking? Y N Can't Tell

E. PHYSICAL PLANT N/A (Skip to part F) Observed Pollution Source?

E1. Building: Approximate age: _____ yrs. Condition of surfaces: Clean Stained Dirty Damaged

Evidence that maintenance results in discharge to storm drains (staining/discoloration)? Y N Don't know

*Index: ○ denotes potential pollution source; denotes confirmed polluter (evidence was seen)

