Illicit Discharge Detection and Elimination Program
System Elements

Municipality: ________________________________

<table>
<thead>
<tr>
<th>Miles of Separate Stormwater Sewers</th>
<th>In MS4 Area</th>
<th>Total</th>
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| Miles of Roadside Ditches            |             |       |
|                                     |             |       |

| Number of Catch Basins               |             |       |
|                                     |             |       |

| Numbers of Outfalls                  |             |       |
|                                     |             |       |

| Number of Municipally Owned Stormwater Facilities: |       |
|                                                   |       |

| Receiving Waters:                           |       |
|                                           |       |

| 303(d) Listed Receiving Waters:            |       |
|                                           |       |

| Total Maximum Daily Load (TDML)?           |       |
|                                           |       |

| List All Stormwater Sewers:                |       |
|                                           |       |

Continue on additional paper if needed
List All Roadside Ditches:

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Continue on additional paper if needed

List All Catch Basins:

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Continue on additional paper if needed

List All Municipally Owned Stormwater Facilities:

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Continue on additional paper if needed
Separate Stormwater Sewer System:

Length ____________ Year built/installed ____________
Type
Inflow points

Outfalls
Approved hook-ups

Last inspection: Visual ________ Camera ________
Effluent/Stormwater quality: Clear ________ Cloudy ________ Color ________
Scentless ________ Perfumed ________ Egg odor ________ Sewer smell ________
Was stormwater tested? Yes ________ No ________
If Yes, What were the findings:

Separate Stormwater Sewer System:

Length ____________ Year built/installed ____________
Type
Inflow points

Outfalls
Approved hook-ups

Last inspection: Visual ________ Camera ________
Effluent/Stormwater quality: Clear ________ Cloudy ________ Color ________
Scentless ________ Perfumed ________ Egg odor ________ Sewer smell ________
Was stormwater tested? Yes ________ No ________
If Yes, What were the findings:

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Separate Stormwater Sewer System:

Length ______________ Year built/installed ______________

Type ____________________________________________________

Inflow points _____________________________________________

Outfalls _________________________________________________

Approved hook-ups _______________________________________

Last inspection: Visual___________ Camera___________

Effluent/Stormwater quality: Clear_________ Cloudy_________ Color_________

Scentless_________ Perfumed_________ Egg odor___________ Sewer smell_________

Was stormwater tested? Yes_______ No________

If Yes, What were the findings: ____________________________________________

Separate Stormwater Sewer System:

Length ______________ Year built/installed ______________

Type ____________________________________________________

Inflow points _____________________________________________

Outfalls _________________________________________________

Approved hook-ups _______________________________________

Last inspection: Visual___________ Camera___________

Effluent/Stormwater quality: Clear_________ Cloudy_________ Color_________

Scentless_________ Perfumed_________ Egg odor___________ Sewer smell_________

Was stormwater tested? Yes_______ No________

If Yes, What were the findings: ____________________________________________
Roadside Ditch: ___________________________ N __ S __ E __ W __

Condition ________________________________

Approved Hook-Ups _______________________

Contributing Roads: ________________________

Outfall Locations & Streams: __________________

Last inspection: Visual __________

Effluent/Stormwater quality: Clear ________ Cloudy ________ Color ________
Scentless ________ Perfumed ________ Egg odor ________ Sewer smell ________

Was stormwater tested? Yes ________ No ________

If Yes, What were the findings: __________________

Roadside Ditch: ___________________________ N __ S __ E __ W __

Condition ________________________________

Approved Hook-Ups _______________________

Contributing Roads: ________________________

Outfall Locations & Streams: __________________

Last inspection: Visual __________

Effluent/Stormwater quality: Clear ________ Cloudy ________ Color ________
Scentless ________ Perfumed ________ Egg odor ________ Sewer smell ________

Was stormwater tested? Yes ________ No ________

If Yes, What were the findings: __________________

Page 5
Roadside Ditch: ______________________________ N  S  E  W  

Condition _________________________________

Approved Hook-Ups __________________________

Contributing Roads: __________________________

Outfall Locations & Streams: __________________

Last inspection: Visual ____________
Effluent/Stormwater quality: Clear _______ Cloudy _______ Color _______
Scentless _______ Perfumed _______ Egg odor _______ Sewer smell _______
Was stormwater tested? Yes _______ No _______
If Yes, What were the findings: _________________________________

Roadside Ditch: ______________________________ N  S  E  W  

Condition _________________________________

Approved Hook-Ups __________________________

Contributing Roads: __________________________

Outfall Locations & Streams: __________________

Last inspection: Visual ____________
Effluent/Stormwater quality: Clear _______ Cloudy _______ Color _______
Scentless _______ Perfumed _______ Egg odor _______ Sewer smell _______
Was stormwater tested? Yes _______ No _______
If Yes, What were the findings: _________________________________
Catch Basin Location:

Year Installed ____________  Type ____________________________
Outfall _____________________________
Evidence of illegal hook-up/use? Yes_______ No__________
Last Cleaned/Inspected ________________
Effluent/Stormwater quality: Clear_______ Cloudy__________ Color__________
Scentless_______ Perfumed___________ Egg odor__________ Sewer smell_________
Was stormwater tested? Yes_________ No__________
If Yes, What were the findings: ____________________________________________

Catch Basin Location:

Year Installed ____________  Type ____________________________
Outfall _____________________________
Evidence of illegal hook-up/use? Yes_______ No__________
Last Cleaned/Inspected ________________
Effluent/Stormwater quality: Clear_______ Cloudy__________ Color__________
Scentless_______ Perfumed___________ Egg odor__________ Sewer smell_________
Was stormwater tested? Yes_________ No__________
If Yes, What were the findings: ____________________________________________

Catch Basin Location:

Year Installed ____________  Type ____________________________
Outfall _____________________________
Evidence of illegal hook-up/use? Yes_______ No__________
Last Cleaned/Inspected ________________
Effluent/Stormwater quality: Clear_______ Cloudy__________ Color__________
Scentless_______ Perfumed___________ Egg odor__________ Sewer smell_________
Was stormwater tested? Yes_________ No__________
If Yes, What were the findings: ____________________________________________
Stormwater Facility:

Year Built & Contractor: ____________________________

Warranties: ______________________________________

Type: ____________________________________________

Date Forebays last cleaned: ________________________

Date last inspected: ________________________________

Signs of illegal use/dumping? Yes____ No_______

Effluent/Stormwater quality: Clear______ Cloudy______ Color______

Scentless______ Perfumed______ Egg odor______ Sewer smell______

Was stormwater tested? Yes____ No______

If Yes, What were the findings: _______________________

Existing problems: _________________________________

-------------------

Stormwater Facility:

Year Built & Contractor: ____________________________

Warranties: ______________________________________

Type: ____________________________________________

Date Forebays last cleaned: ________________________

Date last inspected: ________________________________

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Effluent/Stormwater quality: Clear______ Cloudy______ Color______

Scentless______ Perfumed______ Egg odor______ Sewer smell______

Was stormwater tested? Yes____ No______

If Yes, What were the findings: _______________________

Existing problems: _________________________________

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Stormwater Facility:

Year Built & Contractor: ____________________________

Warranties ______________________________________

Type ____________________________________________

Date Forebays last cleaned: ________________________

Date last inspected: ______________________________

Signs of illegal use/dumping? Yes ______  No _______

Effluent/Stormwater quality: Clear______ Cloudy_______ Color________

Scentless _______ Perfumed _______ Egg odor_________ Sewer smell________

Was stormwater tested? Yes_______  No_________

If Yes, What were the findings: ________________________

Existing problems: __________________________________

Stormwater Facility:

Year Built & Contractor: ____________________________

Warranties ______________________________________

Type ____________________________________________

Date Forebays last cleaned: ________________________

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Effluent/Stormwater quality: Clear______ Cloudy_______ Color________

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If Yes, What were the findings: ________________________

Existing problems: __________________________________