**Phase II MS4 Self Assessment Module 3**

**Status**

****

**Permittee Name**

****

**Permit Number**

****

**Assessment Period Start**

****

**Assessment Period End**

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**Illicit Discharge Detection and Elimination Program**

**Attachments Requested**

**A. Blank checklist or form used to investigate and document the illicit discharges.**

**Yes**

**No**

**B. Three reports about illicit discharges investigated.**

**Yes**

**No**

**C. Copy of the Program Description Document for this program.**

**Yes**

**No**

**Program GoalThe goal of the Illicit Discharge Detection and Elimination program is to effectively prohibit illicit discharges.**

**1. Under the Code of Federal Regulations (CFR) 40 CFR §§122.26, 122.34(a), 122.34(b) (3), and State permit requirements, has the permittee developed and implemented an Illicit Discharge Detection and Elimination program? If no, explain why this program has not been developed and implemented.**

**Yes**

**No**

**Response**

****

**2. Are the operational procedures for this program described in a comprehensive PDD? If yes, where is this program (i.e., page, chapter) described in the document?**

**Yes**

**No**

**Response**

****

**Section I: Regulatory Mechanism**

**1. Is legal authority necessary to carry out and or enforce the Illicit Discharge Detection and Elimination program? If no, skip 2 and 3 of this Section.**

**Yes**

**No**

**2. Describe the ordinances, codes, or policies in place that give legal authority and the extent of that authority to implement and or enforce this program.**

****

**3. Who is the person (e.g., specific staff, department, etc.) authorized to exercise the legal authority for this program?**

****

**Section II: Fiscal Resources**

**1. What was the budget to carry out the Illicit Discharge Detection and Elimination program for this Assessment Period?**

**Assessment Period Date**

****

**Press Key down or Key up for access to Calendar.**

**Assessment Period Budget**

****

**Next Reporting Period Date**

****

**Press Key down or Key up for access to Calendar.**

**Next Reporting Period Budget**

****

**2. Did this budget meet the program demands? If no, describe the parts of the program that could improve with increased funding and resources.**

**Yes**

**No**

**Response**

****

**Section III: Training**

**1. Are appropriate staff trained to recognize, respond to, and report illicit discharges? If yes, please describe the training.**

**Yes**

**No**

**Response**

****

**Section IV: Inventory**

**1. Are these locations within the MS4 mapped? *(Check all that apply)***

**a. Storm Drain Pipes**

**Yes**

**No**

**b. Outfalls**

**Yes**

**No**

**c. Inlets**

**Yes**

**No**

**d. Municipal facilities**

**Yes**

**No**

**e. Storm Drain Outlets**

**Yes**

**No**

**f. Catch basins**

**Yes**

**No**

**g. Pipes, ditches and other conduits**

**Yes**

**No**

**h. Surface waters (rivers, lakes, tributaries)**

**Yes**

**No**

**i. Ground water**

**Yes**

**No**

**j. Impaired waters 303(d) list**

**Yes**

**No**

**k. Structural Controls**

**Yes**

**No**

**l. All Receiving Waters**

**Yes**

**No**

**m. New outfalls**

**Yes**

**No**

**n. Other, Specify below**

**Yes**

**No**

**Other, Specify:**

****

**Section V: Identifying Illicit Discharges**

**1. Is there a plan in place to inspect for illicit discharges? Describe the frequency of the inspections if applicable (e.g., weekly, bi-weekly, quarterly, monthly). If regular inspections are not conducted, describe the procedures in place for identifying and responding to illicit discharges.**

**Yes**

**No**

**Response**

****

**2. How many fulltime inspectors are dedicated to investigating illicit discharges?**

****

**3. How does the permittee detect illicit discharges (e.g., through citizen complaints, inspections)?**

****

**4. Has the permittee identified priority areas for illicit discharges? (Check all that apply)**

**a. Areas with aging infrastructure that are more likely to have illicit connections;**

**Yes**

**No**

**b. Industrial, commercial, or mixed-use areas;**

**Yes**

**No**

**c. Areas with a history of past illicit discharges;**

**Yes**

**No**

**d. Areas with a history of illegal dumping;**

**Yes**

**No**

**e. Areas with onsite sewage disposal systems;**

**Yes**

**No**

**f. Areas with aging sewer lines or with a history of sewer overflows or cross connections;**

**Yes**

**No**

**g. Areas that are upstream from surface waters;**

**Yes**

**No**

**h. Storm drain outlets**

**Yes**

**No**

**i. Other, Specify below:**

**Yes**

**No**

**Other, (Specify):**

****

**5. What areas were investigated during the Assessment Period? Check all that apply.**

**a. Areas with aging infrastructure that are more likely to have illicit connections;**

**Yes**

**No**

**b. Industrial, commercial, or mixed-use areas;**

**Yes**

**No**

**c. Areas with a history of past illicit discharges;**

**Yes**

**No**

**d. Areas with a history of illegal dumping;**

**Yes**

**No**

**e. Areas with onsite sewage disposal systems;**

**Yes**

**No**

**f. Areas with aging sewer lines or with a history of sewer overflows or cross connections;**

**Yes**

**No**

**g. Areas that are upstream from surface waters;**

**Yes**

**No**

**h. Storm drain outlets**

**Yes**

**No**

**i. Other, (Specify below):**

**Yes**

**No**

**Other, (Specify):**

****

**Section VI: Enforcement**

**1. Is an enforcement policy in place that clearly describes the action (e.g., verbal and written warnings, fines) to be taken against the party responsible for the illicit discharge?**

**Yes**

**No**

**2. What person or office is authorized to initiate enforcement action for illicit discharge violations?**

****

**3. Does the permittee have the capacity to collect cleanup and abatement costs from the responsible party?**

**Yes**

**No**

**4. What enforcement mechanisms are available? *(Check all that apply)***

**a. Verbal Warning**

**Yes**

**No**

**b. Notice of Violations (NOV)**

**Yes**

**No**

**c. Administrative Fine**

**Yes**

**No**

**d. Stop-Work Order**

**Yes**

**No**

**e. Civil Penalty**

**Yes**

**No**

**f. Criminal Penalty**

**Yes**

**No**

**g. Other (Specify below):**

**Yes**

**No**

**Other, (Specify):**

****

**Section VII: Sanitary Sewer Overflows**

**1. Has the permittee identified the location of the following:**

**a. Storm Water drains**

**Yes**

**No**

**b. Households using septic tanks**

**Yes**

**No**

**c. Owners of leaking privately owned sewer lines**

**Yes**

**No**

**d. Outfalls**

**Yes**

**No**

**e. Aging municipal infrastructures**

**Yes**

**No**

**2. Is there a problem with sanitary sewer overflows (SSOs) discharging into the MS4? If yes, describe SSOs within the Assessment Period and how they were addressed.**

**Yes**

**No**

**Response**

****

**3. Describe how SSOs are discovered (e.g., complaints, pressure tests, inspections during heavy rainfalls, special instrumentation).**

****

**4. Are sanitary sewer systems evaluated to determine storm sewer cross-connections or overflow locations?**

**Yes**

**No**

**5. Is the extent of SSO infiltration and inflow into the storm drain system determined?**

**Yes**

**No**

**6. Are damaged or degraded pipes in municipal infrastructures scheduled for repair or replacement?**

**Yes**

**No**

**7. Describe the database used to track SSOs and the kind of information kept about these occurrences.**

****

**8. Describe procedures in place to eliminate SSOs and where to find in the PDD or another reference, procedures to address them. In addition, have these procedures been tested? Are they effective?**

****

**9. What preventative measures are in place and have been exercised to eliminate SSOs? Include a description how effective these measures have been in reducing or eliminating SSOs.**

****

**10. Are procedures in place to verify that residential septic systems are maintained and do not discharge sewage into the MS4 conveyances? If yes, describe how this information is tracked.**

**Yes**

**No**

**Response**

****

**11. Describe any communication tools in place (e.g., telephone hotline, webpage, apps, ads, etc.) to give the public a way to report sanitary sewer overflows?**

****

**Section VIII: Records Management**

**1. Describe the database in place to track activities and events related to the Illicit Discharge Detection and Elimination program.**

****

**2. What municipal department, team, or co-permittees have access to the program data?**

****

**3. Who (i.e., inspectors, data specialist) is responsible to make data entries for this program?**

****

**4. What is the timeframe to enter data for this program? Be document specific.**

****

**Section IX: Evaluation**

**1. Was this program evaluated and a report of the results filed? If yes, briefly describe the strongest programs and those that need improvements. Include where this report is kept. If no, explain why this program was not evaluated.**

**Yes**

**No**

**Response**

****

**2. Who led the program evaluation?**

****

**3. Describe the criteria or outline of the evaluation for this program?**

****

**4. For the Assessment Period, what municipal departments, staff, team, or co-permittees took part in the evaluation?**

****

**Module 3 Contact Information**

**Completed Date**

****

**Press Key down or Key up for access to Calendar.**

**Comp By First Name**

****

**Comp By Last Name**

****

**Signed By**

****

**Job Title**

****

**Department**

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**Address**

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**City**

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**State**

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**Zipcode**

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**Telephone**

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**Email**

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**Module 3 Attachments**

Add Attachment

**No Module 3 Attachments Found.**