

WATERSHED:	SUBWATERSHED:	UNIQUE SITE ID:	
DATE: ____/____/____	ASSESSED BY:	CAMERA ID:	PIC#:
A. NEIGHBORHOOD CHARACTERIZATION			
Neighborhood/Subdivision Name: _____		Neighborhood Area (acres) _____	
If unknown, address (or streets) surveyed: _____			
Homeowners Association? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, name and contact information: _____			
Residential (circle average single family lot size): _____			
<input type="checkbox"/> Single Family Attached (Duplexes, Row Homes) <1/8 1/8 1/4 1/3 1/2 acre		<input type="checkbox"/> Multifamily (Apts, Townhomes, Condos)	
<input type="checkbox"/> Single Family Detached <1/4 1/4 1/2 1 >1 acre		<input type="checkbox"/> Mobile Home Park	
Estimated Age of Neighborhood: _____ years	Percent of Homes with Garages: _____% With Basements _____%	INDEX*	
Sewer Service? <input type="checkbox"/> Y <input type="checkbox"/> N			○
Index of Infill, Redevelopment, and Remodeling <input type="checkbox"/> No Evidence <input type="checkbox"/> <5% of units <input type="checkbox"/> 5-10% <input type="checkbox"/> >10%			○
Record percent observed for each of the following indicators, depending on applicability and/or site complexity		Percentage	Comments/Notes
B. YARD AND LAWN CONDITIONS			
B1. % of lot with impervious cover			
B2. % of lot with grass cover			○
B3. % of lot with landscaping (e.g., mulched bed areas)			◇
B4. % of lot with bare soil			○
<i>*Note: B1 through B4 must total 100%</i>			
B5. % of lot with forest canopy			◇
B6. Evidence of permanent irrigation or “non-target” irrigation			○
B7. Proportion of <i>total neighborhood</i> turf lawns with following management status:	High: _____		○
	Med: _____		
	Low: _____		
B8. Outdoor swimming pools? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell Estimated # _____			○
B9. Junk or trash in yards? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell			○
C. DRIVEWAYS, SIDEWALKS, AND CURBS			
C1. % of driveways that are impervious <input type="checkbox"/> N/A			
C2. Driveway Condition <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Breaking up			○
C3. Are sidewalks present? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, are they on one side of street <input type="checkbox"/> or along both sides <input type="checkbox"/>			
<input type="checkbox"/> Spotless <input type="checkbox"/> Covered with lawn clippings/leaves <input type="checkbox"/> Receiving ‘non-target’ irrigation			○
What is the distance between the sidewalk and street? _____ ft.			◇
Is pet waste present in this area? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			○
C4. Is curb and gutter present? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, check all that apply:			
<input type="checkbox"/> Clean and Dry <input type="checkbox"/> Flowing or standing water <input type="checkbox"/> Long-term car parking <input type="checkbox"/> Sediment			○
<input type="checkbox"/> Organic matter, leaves, lawn clippings <input type="checkbox"/> Trash, litter, or debris <input type="checkbox"/> Overhead tree canopy			◇

* INDEX: ○ denotes potential pollution source; ◇ denotes a neighborhood restoration opportunity

D. ROOFTOPS						
D1.	Downspouts are directly connected to storm drains or sanitary sewer					◇ ○
D2.	Downspouts are directed to impervious surface					
D3.	Downspouts discharge to pervious area					
D4.	Downspouts discharge to a cistern, rain barrel, etc.					
*Note: C1 through C4 should total 100%						
D5.	Lawn area present downgradient of leader for rain garden? <input type="checkbox"/> Y <input type="checkbox"/> N					◇
E. COMMON AREAS						
E1.	Storm drain inlets? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, are they stenciled? <input type="checkbox"/> Y <input type="checkbox"/> N Condition: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty Catch basins inspected? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, include Unique Site ID from SSD sheet: _____					◇ ○
E2.	Storm water pond? <input type="checkbox"/> Y <input type="checkbox"/> N Is it a <input type="checkbox"/> wet pond or <input type="checkbox"/> dry pond? Is it overgrown? <input type="checkbox"/> Y <input type="checkbox"/> N What is the estimated pond area? <input type="checkbox"/> <1 acre <input type="checkbox"/> about 1 acre <input type="checkbox"/> > 1 acre					◇
E3.	Open Space? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, is pet waste present? <input type="checkbox"/> Y <input type="checkbox"/> N dumping? <input type="checkbox"/> Y <input type="checkbox"/> N Buffers/floodplain present: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, is encroachment evident? <input type="checkbox"/> Y <input type="checkbox"/> N					○
F. INITIAL NEIGHBORHOOD ASSESSMENT AND RECOMMENDATIONS						
Based on field observations, this neighborhood has significant indicators for the following: (<i>check all that apply</i>) <input type="checkbox"/> Nutrients <input type="checkbox"/> Oil and Grease <input type="checkbox"/> Trash/Litter <input type="checkbox"/> Bacteria <input type="checkbox"/> Sediment <input type="checkbox"/> Other _____						○
Recommended Actions <i>Specific Action</i> <input type="checkbox"/> Onsite retrofit potential? <input type="checkbox"/> Better lawn/landscaping practice? <input type="checkbox"/> Better management of common space? <input type="checkbox"/> Pond retrofit? <input type="checkbox"/> Multi-family Parking Lot Retrofit? <input type="checkbox"/> Other action(s) _____					Describe Recommended Actions:	
Initial Assessment NSA Pollution Severity Index <input type="checkbox"/> Severe (More than 10 circles checked) <input type="checkbox"/> High (5 to 10 circles checked) <input type="checkbox"/> Moderate (Fewer than 5 circles checked) <input type="checkbox"/> None (No circles checked) Neighborhood Restoration Opportunity Index <input type="checkbox"/> High (More than 5 diamonds checked) <input type="checkbox"/> Moderate (3-5 diamonds checked) <input type="checkbox"/> Low (Fewer than 3 diamonds checked)						

NOTES:

WATERSHED:		SUBWATERSHED:		UNIQUE SITE ID:	
DATE: ____/____/____		ASSESSED BY:		CAMERA ID:	
MAP GRID:		LAT ____° ____' ____" LONG ____° ____' ____"			LMK #
A. SITE DATA AND BASIC CLASSIFICATION					
Name and Address: _____		Category: <input 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: _____			
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 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 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 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 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)

E2. Parking Lot: Approximate age ____ yrs. Condition: <input type="checkbox"/> Clean <input type="checkbox"/> Stained <input type="checkbox"/> Dirty <input type="checkbox"/> Breaking up Surface material <input type="checkbox"/> Paved/Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Permeable <input type="checkbox"/> Don't know	○
E3. Do downspouts discharge to impervious surface? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <input type="checkbox"/> None visible Are downspouts directly connected to storm drains? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't know	○
E4. Evidence of poor cleaning practices for construction activities (stains leading to storm drain)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell	○
F. TURF/LANDSCAPING AREAS <input type="checkbox"/> 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: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	○
F3. Evidence of permanent irrigation or "non-target" irrigation <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell	○
F4. Do landscaped areas drain to the storm drain system? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell	○
F5. Do landscape plants accumulate organic matter (leaves, grass clippings) on adjacent impervious surface? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can't Tell	○
G. STORM WATER INFRASTRUCTURE <input type="checkbox"/> N/A (skip to part H)	Observed Pollution Source?
G1. Are storm water treatment practices present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, please describe: _____	○
G2. Are private storm drains located at the facility? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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
Organic material	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <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
G3. Catch basin inspection – Record SSD Unique Site ID here: _____ Condition: <input type="checkbox"/> Dirty <input type="checkbox"/> Clean	
H. INITIAL HOTSPOT STATUS - INDEX RESULTS	
<input type="checkbox"/> Not a hotspot (fewer than 5 circles and no boxes checked) <input type="checkbox"/> Potential hotspot (5 to 10 circles but no boxes checked) <input type="checkbox"/> Confirmed hotspot (10 to 15 circles and/or 1 box checked) <input type="checkbox"/> Severe hotspot (>15 circles and/or 2 or more boxes checked)	
Follow-up Action: <input type="checkbox"/> Refer for immediate enforcement <input type="checkbox"/> Suggest follow-up on-site inspection <input type="checkbox"/> Test for illicit discharge <input 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 Notes:	

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MAP GRID:		LAT ____° ____' ____" LONG ____° ____' ____"			LMK #
A. PARCEL DESCRIPTION					
Size: ____ acre(s) Access to site (<i>check all that apply</i>): <input type="checkbox"/> Foot access <input type="checkbox"/> Vehicle access <input type="checkbox"/> Heavy equipment access Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public Current Management: <input type="checkbox"/> School <input type="checkbox"/> Park <input type="checkbox"/> Right-of-way <input type="checkbox"/> Vacant land <input type="checkbox"/> Other (please describe) _____ Contact Information: _____ Connected to other pervious area? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what type? <input type="checkbox"/> Forest <input type="checkbox"/> Wetland <input type="checkbox"/> Other _____ Estimated size of connected pervious area: ____ acre(s) Record Unique Site ID of connected fragment: _____					
PART I. NATURAL AREA REMNANT					
FOREST			WETLAND		
B. CURRENT VEGETATIVE COVER			B. CURRENT VEGETATIVE COVER		
B1. Percent of forest with the following canopy coverage: Open ____% Partly shaded ____% Shaded ____% <i>*Note – these should total 100%</i> B2. Dominant tree species: _____ _____ B3. Understory species: _____ _____ B4. Are invasive species present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, % of forest with invasives: _____ Species: _____			B1. % of wetland with following vegetative zones: Aquatic: _____ Emergent: _____ Forested: _____ <i>*Note – these should total 100%</i> B2. Dominant species: _____ _____ B3. Are invasive species present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, % of wetland with invasives: _____ Species: _____		
C. FOREST IMPACTS			C. WETLAND IMPACTS		
C1. Observed Impacts (<i>check all that apply</i>): <input type="checkbox"/> Animals <input type="checkbox"/> Clearing/encroachment <input type="checkbox"/> Trash and dumping <input type="checkbox"/> Storm water runoff <input type="checkbox"/> Other			C1. Observed Impacts (<i>check all that apply</i>): <input type="checkbox"/> Animals <input type="checkbox"/> Clearing/encroachment <input type="checkbox"/> Trash and dumping <input type="checkbox"/> Storm water runoff <input type="checkbox"/> Hydrologic impacts <input type="checkbox"/> Other		
D. NOTES			D. NOTES		
E. INITIAL RECOMMENDATION					
<input type="checkbox"/> Good candidate for conservation/protection <input type="checkbox"/> Potential restoration candidate <input type="checkbox"/> Poor restoration or conservation candidate					

PART II. OPEN PERVIOUS AREAS**A. CURRENT VEGETATIVE COVER****A1.** Percent of assessed surface with:Turf _____% Other Herbaceous _____% None (bare soil) _____% Trees _____% Shrubs _____% Other _____%
(please describe): _____ *Note – these should total 100%**A2.** Turf: Height: _____ inches Apparent Mowing Frequency: ☐ Frequent ☐ Infrequent ☐ No-Mow ☐ Unknown
Condition (check all that apply): ☐ Thick/Dense ☐ Thin/Sparse ☐ Clumpy/Bunchy ☐ Continuous Cover**A3.** Thickness of organic matter at surface: _____ inches**A4.** Are invasive species present? ☐ Y ☐ N ☐ Unknown If yes, % of site with invasives: _____

Species: _____

B. IMPACTS**B1.** Observed Impacts (check all that apply): ☐ Soil Compaction ☐ Erosion ☐ Trash and Dumping
☐ Poor Vegetative Health ☐ Other (describe): _____**C. REFORESTATION CONSTRAINTS****C1.** Sun exposure: ☐ Full sun ☐ Partial sun ☐ Shade ☐ Unknown**C2.** Nearby water source? ☐ Y ☐ N ☐ Unknown**C3.** Other constraints: ☐ Overhead wires ☐ Underground Utilities ☐ Pavement ☐ Buildings
☐ Other (please describe): _____**D. NOTES****E. INITIAL RECOMMENDATION**

- ☐ Good candidate for natural regeneration
- ☐ May be reforested with minimal site preparation
- ☐ May be reforested with extensive site preparation
- ☐ Poor reforestation or regeneration site

PART III. SKETCH