



Partners for a Clean Environment (PACE)
Storm Water Criteria Checklist for Municipal Storm Drain Maintenance Operations

Facility Name: _____ Phone: (____)_____ Conducted By/Date: _____/____/_____
 Address: _____ Fax: _____ Number Employees: _____
 Contact Name: _____ Contact e-mail: _____ Hours/site visit: _____

Criteria	Yes	No	Additional Information
1. Is there a regular schedule for cleaning catch basins?	<input type="checkbox"/>	<input type="checkbox"/>	Criteria: When 40% full or a regular schedule
2. Is decanted water- from cleaning storm sewers and catch basins- discharged <u>only</u> into sanitary sewer?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is debris stored more than 100 feet from or at a lower elevation than the nearest storm drain or water body?	<input type="checkbox"/>	<input type="checkbox"/>	Where is debris stored? Where is debris disposed of?
4. Are illicit discharges (threatened or actual) reported to municipality's Storm Water Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	Who gets the reports?
5. Is debris that is suspected of contamination (oil, antifreeze, paints pesticides etc) tested and disposed of properly?	<input type="checkbox"/>	<input type="checkbox"/>	How is debris stored? Where is it disposed of?
6. How many storm drain inlets in your municipality have been stenciled?	_____		
7. Have employees read Required Practices for Stormwater Protection Resource Sheet(s) and signed training log?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

MAP OF FACILITY (include storm drains, ditches, detention ponds and direction of water flow)