

Illicit Discharge Inspection Worksheet

Date of inspection: _____ **Time:** _____ **Duration of inspection:** _____ minutes
Type of inspection: Initial / Site Visit / Return
Primary Inspector: _____
Secondary Inspector: _____

Weather Condition: Clear / Overcast / Raining
Time of Discharge: _____ **Estimated Volume of Discharge:** _____
Map Number: _____

Visual Screening

Owner/Operator Name: _____
Business Description: _____
Business Type: _____

Address: _____

City: _____ **Zip:** _____

Connection Type:	Occurred on Land:	Yes / No
Flow Observed:	Occurred in Air:	Yes / No
Comments:	Occurred in Water:	Yes / No

High Risk Industry?: Yes / No

Industry Type: _____

Discharge Directly into Water?: Yes / No

Receiving Water Name: _____

Responsible Party Notified: Yes / No
Discharge Stopped?: Yes / No

Date Notified: _____
Date Stopped: _____

Illicit Flow Characterization Data Sheet

Field Parameters (Circle the appropriate answer)

Biological	Color	Odor	Sedimentation
None	Clear	None	None
Not Applicable	Red	Chlorine	Slight 1 – 3 inches
Other (name)	Yellow	Fuel / Oil	Moderate 3 – 6 inches
	Brown	Fishy	> Excessive 6 in
	Green	Musty	Litter
	Gray	Sewage	Oily
	Dark	Rotten Egg / Sulfur	Sewage
	Tannin	Sour Milk	Not Applicable
	White	Not Applicable	
	Not Applicable		

Floatables	Turbidity	Stains	Miscellaneous
None	Clear	None	Not Applicable
Oil	Slightly Turbid	Not Applicable	Other (name)
Sheen	Moderately Turbid	Other (name)	
Garbage / Trash	Very Turbid		
Sewage / Milt	Suspended Solids		
Not Applicable	Not Applicable		
Other (name)			

Is Discharge Hazardous?: **Yes / No**
Possess a Health Threat?: **Yes / No**

Corrective Actions Required?: **Yes / No**

Inspection Result: Pass / Fail / In Compliance / Out of Compliance / Unknown