

Illicit Discharge Detection Form

Date:	Time:	Nature of Discharge:
Field Crew:	Watershed:	
Last Rainfall: <input type="checkbox"/> Raining Now <input type="checkbox"/> 0-2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> Unknown		Amount: <input type="checkbox"/> <0.1" <input type="checkbox"/> >0.1"
Outfall ID:	Location:	
Source of Discharge (if known):		
Photograph Taken:	Yes ___ No ___	# _____
Sample Collected:	Yes ___ No ___	# _____

Indicator	CHECK if present	Description	Severity Scale
<i>Dry Weather Flow</i>	<input type="checkbox"/>	<i>Dry= No precip in past 48 hours</i>	N/A
<i>Stream Flow</i>	<input type="checkbox"/>	Flow Rate (if known) ►	<input type="checkbox"/> 1-Low <input type="checkbox"/> 2-Normal <input type="checkbox"/> 3-High
<i>Odor</i>	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rotten eggs <input type="checkbox"/> Rancid/Sour <input type="checkbox"/> Petroleum/Gas <input type="checkbox"/> Fragrant <input type="checkbox"/> Other _____	<input type="checkbox"/> 1-Faint; barely detectable <input type="checkbox"/> 2-Moderate; easily detectable <input type="checkbox"/> 3-Unbearable; noticeable from a distance
<i>Color</i>	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Yellow	<input type="checkbox"/> 1-Slightly tinted <input type="checkbox"/> 2-Moderately tinted <input type="checkbox"/> 3-Intense
<i>Turbidity</i>	<input type="checkbox"/>	See Severity Scale ►	<input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
<i>Floatables (Does not include trash)</i>	<input type="checkbox"/>	<input type="checkbox"/> Sewage (toilet paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1-Slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Massive/Severe
<i>Deposits/Stains</i>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Mineral <input type="checkbox"/> Sediment <input type="checkbox"/> Oil <input type="checkbox"/> Grease <input type="checkbox"/> Vegetation <input type="checkbox"/> Other _____	<input type="checkbox"/> 1-Slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Massive/Severe
<i>Vegetation</i>	<input type="checkbox"/>	<input type="checkbox"/> Normal <input type="checkbox"/> Algae <input type="checkbox"/> Dead <input type="checkbox"/> Excessive <input type="checkbox"/> Other _____	
<i>Fish Kill</i>	<input type="checkbox"/>	<input type="checkbox"/> Small <5 fish <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Other animals _____	

Other Observations:

Contact Info.: Clermont County Storm Water Management (513) 732-7880 fax(513) 732-7310

