

PROACTIVE ILLICIT DISCHARGE /ILLEGAL CONNECTION REPORT

Department: _____ Date: _____ Time: _____ AM / PM

Weather: _____

Area / Location or Address: _____

PART A - Is there evidence of any of the following in a swale, ditch, lake, etc.?

PROBLEM	YES	NO
Illicit Connection or Discharge (<i>example: suspicious pipe or discharge into a swale, ditch, etc. Includes discharges from pools.</i>)		
Erosion or Sediment Loss		
Wash Water or Sanitary Waste		
Leaking Storage Tanks, Spills, or Residuals		
Evidence of Dumping: Stockpiles, Debris Piles, etc.		
Running Well or Evidence of Sulfur Bacteria (<i>usually long white filamentous strands in the water</i>)		
Discharge From Force Main or Water Main Breaks		
Impeded or Blocked Swale, Ditch, or Pipe		
Stabilization / Vegetation Required		
Are Erosion Protection / Water Quality Protection Practices Necessary?		
Discharge is Causing Turbidity		

If you answered "YES" to any of the above, please explain: _____

Condition of the Site: ___ Good ___ Fair ___ Poor ___ Needs Repairs

If you answered "YES" to any of the above, please complete "PART B." Otherwise, please complete "PART C."

PART B – Additional Information for Suspected Problem Areas

Area of Observation (circle as appropriate):

- | | | | |
|---------------------|--------------------------|----------------------|------------------------|
| <i>Business</i> | <i>Residential</i> | <i>Agricultural</i> | <i>County Road/ROW</i> |
| <i>Commercial</i> | <i>Private</i> | <i>Industrial</i> | <i>Construction</i> |
| <i>Conservation</i> | <i>Park/Recreational</i> | <i>Beach/Coastal</i> | <i>Other: _____</i> |

Type of Drainage Conveyance (circle one):

- | | | |
|----------------------------|---------------------------|---------------------|
| <i>Dry Retention Basin</i> | <i>Wet Detention Pond</i> | <i>Swale</i> |
| <i>Ditch or Canal</i> | <i>Piped System</i> | <i>Other: _____</i> |

Type of Drainage Control Structure (circle one):

Drop Drain

Culvert

Curb Inlet

Weir

Catch Basin

Bubble-Up

Flume

Other: _____

Do controls need repairs? YES NO If "YES" explain: _____

System Discharges to: *Lake Pond Canal/Ditch Swale Wetland Lagoon Ocean*

Name of Receiving Water if Known: _____

Water Color: _____

Odor: *Musty Sewage Sulfur Sour Petroleum None Other:* _____

Pollution Indicators: *Sheen Slick Globbs Flecks Floating Solids Trash/Debris None*

Was the Drainage Contained at Time of Observation? YES NO N/A

Photographs Taken? YES NO

Did you have contact with the property owner, contractor, site representative, business owner, etc. regarding your observations? YES NO If "YES" please provide name and telephone number of contact: _____

Was immediate notification of an agency necessary?*** YES NO If "YES" what agency did you notify? _____

Name and number of person who took report: _____

Did you get a Case Number? YES NO Case Number: _____

Signed: _____ Date: _____

Please copy your report and forward it to Public Works Stormwater Division as soon as possible for tracking and follow-up.

PART C – No problems observed

Signed: _____ Date: _____

Please forward your report to your Department Head.

***Agencies: State Health Department: 794-7400; FDEP: 561-681-6600; SJRWMD: 800-295-3264; Sheriff Dept.: 569-6700; IRC Emergency Operations/Fire Dept.: 567-2154; Indian River Farms Water Control District: 562-4191 Sebastian River Improvement District: 567-1151; IRC Code Enforcement: 226-1249; IRC Stormwater Division: 473-0666; IRC Public Works: 226-1379; IRC Utilities: 226-3404