



# ILLICIT DISCHARGE REPORTING FORM

## Inspector Information

Name: \_\_\_\_\_ Date and Time Discharged/Discovered: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## Discharge Information

Owner Name/Address: \_\_\_\_\_

City: \_\_\_\_\_ Nearest Intersection: \_\_\_\_\_

<p><u>How Long Since Last Rainfall?</u></p> <p>Raining Now      0-2 Days      3 or More Days</p>	<p><u>Nature of Discharge or Flow:</u></p> <p>Solid (Continuous)      Intermittent (Occasional)</p> <p>Pulsing (Fluctuating)      Transitory (Prior Spill)</p>
<p><u>If Possible, identify the source of the discharge:</u></p> <p>Pipe Outfall      Gutter</p> <p>Sanitary Wastewater      Ditch</p> <p>Septic System      Spill</p> <p>Storm Sewer      Other: _____</p>	<p><u>Potential for Discharge or Flow:</u></p> <p>Stream/Water Body</p> <p>Wetland</p> <p>Storm Drain</p> <p>Other: _____</p>
<p><u>Describe Odor:</u></p> <p>None      Musty      Rotten Eggs (Sulphur)      Rancid/Sour Milk</p> <p>Sewage      Gas/Petroleum      Cooking Oil      Other: _____</p>	
<p><u>Describe Clarity:</u></p> <p>Clear      Cloudy      Opaque      Sheen      Gray</p>	
<p><u>Describe Color:</u></p> <p>Red      Yellow      Brown      Green      Gray      White      Other: _____</p>	

### Additional Information on Discharge

Was a Photo Captured?      Yes      No

Attach Photos and Email to: [stormwater@pueblocounty.us](mailto:stormwater@pueblocounty.us)