

Appendix C
Suspected Illicit Discharge Tracking Forms

Public Hotline Reporting of a Suspected Illicit Discharge Tracking Form-A

Note: This form is for internal reporting use by the Illicit Discharge (ID) Hotline Operator.

Incident ID (mmddy-streetname):

Responder Information

Call taken by:

Call date:

Call time:

Precipitation (inches) in past 72 hrs:

Reporter Information

Incident time:

Incident date:

Caller contact information (*optional*):

Suspected Incident Location (*complete one or more below*)

Latitude and longitude:

Stream address or outfall #:

Closest street address:

Nearby landmark or mile marker:

Is the material in the storm drain or waterway? Yes No

Is the material just on the highway? Yes No

Or is the material both in the storm drain or waterway and on the highway? Yes No

If the material is in the storm drain or waterway, then:

Is the ID a known hazardous material? Yes No If yes, what material?

Is the ID a known non-hazardous material? Yes No If yes, what material?

Or is the ID an unknown and cannot be safely identified? Yes No

Narrative description of location/directions to suspected illicit discharge provided by reporter:

Narrative description of suspected illicit discharge provided by reporter:

Problem Indicator Description

Dumping

Oil/solvents/chemicals

Sewage

Wash water, suds, etc.

Other: _____

Stream Corridor Problem Indicator Description

Odor	<input type="checkbox"/> None	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rancid/Sour	<input type="checkbox"/> Petroleum (gas)
	<input type="checkbox"/> Sulfide (rotten eggs); natural gas	<input type="checkbox"/> Other: Describe in "Narrative" section		
Appearance	<input type="checkbox"/> "Normal"	<input type="checkbox"/> Oil sheen	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Suds
	<input type="checkbox"/> Color: _____	<input type="checkbox"/> Other: Describe in "Narrative" section		
Floatables	<input type="checkbox"/> None:	<input type="checkbox"/> Sewage (toilet paper, etc)	<input type="checkbox"/> Algae	<input type="checkbox"/> Dead fish
	<input type="checkbox"/> Other: Describe in "Narrative" section			

Narrative description of problem indicators:

Suspected Source or Violator (name, personal or vehicle description, license plate #, nearby industries/businesses etc.):

Illicit Discharge Referral

Date Referred:

Referred to (Contact name & agency):

Response Follow-up

Date Response action taken:

Actions taken by response party (i.e. Dispatched HAZMAT team or other part to site, list of names of agency & response personnel that was contacted or reason no action was taken):

Filing Information

Date report filed:

Report filed by (Name):

Notes

CDOT Internal Reporting of a Suspected Illicit Discharge Tracking Form-B

Note: This form is for internal reporting use by CDOT personnel working in the field, who encounter a suspected illicit discharge (ID).

Incident ID (mmddy-streetname):

Responder Information

Call taken by:

Call date:

Call time:

Precipitation (inches) in past 72 hrs:

Reporter Information

Incident time:

Incident date:

CDOT Staff contact information (mailing address, phone number and email address):

Suspected Incident Location or Connection *(complete one or more below)*

Latitude and longitude:

Stream address or outfall #:

Closest street address:

Nearby landmark or mile marker:

Is the material in the storm drain or waterway? Yes No

Is the material just on the highway? Yes No

Or is the material both in the storm drain or waterway and on the highway? Yes No

If the material is in the storm drain or waterway, then:

Is the ID a known hazardous material? Yes No If yes, what material?

Is the ID a known non-hazardous material? Yes No If yes, what material?

Or is the ID an unknown and cannot be safely identified? Yes No

Narrative description of location/directions to suspected illicit discharge or connection provided by reporter:

Narrative description of suspected illicit discharge or connection provided by reporter:

Problem Indicator Description

Illicit Connection

Dumping

Oil/solvents/chemicals

Sewage

Wash water, suds, etc.

Other: _____

Stream Corridor Problem Indicator Description

Odor	<input type="checkbox"/> None	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rancid/Sour	<input type="checkbox"/> Petroleum (gas)
	<input type="checkbox"/> Sulfide (rotten eggs); natural gas	<input type="checkbox"/> Other: Describe in "Narrative" section		
Appearance	<input type="checkbox"/> "Normal"	<input type="checkbox"/> Oil sheen	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Suds
	<input type="checkbox"/> Color: _____	<input type="checkbox"/> Other: Describe in "Narrative" section		
Floatables	<input type="checkbox"/> None:	<input type="checkbox"/> Sewage (toilet paper, etc)	<input type="checkbox"/> Algae	<input type="checkbox"/> Dead fish
	<input type="checkbox"/> Other: Describe in "Narrative" section			

Narrative description of problem indicators:

Suspected Source or Violator (name, personal or vehicle description, license plate #, nearby industries/businesses etc.):

Actions Required

Call CDOT Illicit Discharge Hotline 303-512-4H2O (4426)

Submit Copy of Field Sheet to CDOT Water Quality Manager

Illicit Discharge Referral

Date Referred:

Referred to (Contact name & agency):

Report Submittal Information

Date report submitted to Water Quality Manger:

Report filed by (Name):

Notes

CDOT Internal Tracking of a Suspected Illicit Discharge Tracking Form-C

Note: This form is for internal reporting use by the CDOT Water Quality Manager or authorized personnel

Incident ID (mmddy-streetname):

Reporting Information

Reported by: Public / CDOT

Illicit Discharge Field Sheet Number:

Date of Report Activities:

Outfall ID Number:

Illicit Discharge Identification

Narrative description of type and location of suspected illicit discharge reported (hazardous, non-hazardous, near highway, and waterway, etc.):

Illicit Discharge Identification

Narrative description of methods and procedures used to track suspected illicit discharge through pipe network to source (video/TV, dye testing, smoke testing, etc.)

Was the source identified? Yes No

If YES-

Source address or location:

Describe source of illicit discharge:

If NO- Explain:

Follow-up Activities

Verbal Warning, Date _____

Issuance of a Notice of Violation, Date _____

Notified Colorado Department of Health and Environment (CDPHE) for Enforcement Assistance, Date _____

Notified Local Department of Health and Environment for Enforcement Assistance, Date _____

Schedule time with the CDPHE to re-inspect source after discharge has corrected problem, Date _____

Explain Methods Used to Confirm the Illicit Discharge Has Been Eliminated:

Resolution

Date of Resolution:

Describe the resolution that was achieved to eliminate and/or clean-up the illicit discharge or connection (list contact information for persons performing work to achieve this resolution):

Water Quality Manager or Authorized Inspector:

Date report submitted:

Report filed by (Name):

Notes