

City of St. Helena
Illicit Discharge Follow-up Form



Date: _____ Time: _____

Investigation ID: _____

Follow-up By (Name, Dept): _____

Location: _____

Responsible Party: _____

Pictures: _____

Observations: _____

Actions Recommended: _____

Disposition:

Abated: Yes No **Sample:** Yes No Sample ID: _____

Referred To: _____

Name

Dept.

Date