

City of St. Helena
Illicit Discharge Reporting Form



Incident ID: _____ Investigation Date: _____ Time: _____ AM/PM Investigation By (Name, Dept): _____			
Location of Discharge: _____		APN: _____ - _____ - _____ - _____	
Municipality: <input type="checkbox"/> St. Helena <input type="checkbox"/> Calistoga <input type="checkbox"/> Napa County			
Responsible Party: _____ <div style="display: flex; justify-content: space-between;"> (Name) (Company) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ (Address) _____ (Phone) </div>			
Category: <input type="checkbox"/> Food Service <input type="checkbox"/> CUPA <input type="checkbox"/> Commercial - Other <input type="checkbox"/> Development <input type="checkbox"/> Agriculture <input type="checkbox"/> General Public <input type="checkbox"/> Municipal Operations <input type="checkbox"/> Other _____			
Activity: <input type="checkbox"/> Construction/Grading <input type="checkbox"/> Automotive <input type="checkbox"/> Surface Cleaning <input type="checkbox"/> Food Service <input type="checkbox"/> Landscaping <input type="checkbox"/> Agriculture <input type="checkbox"/> Illegal Dumping <input type="checkbox"/> Illicit Connection <input type="checkbox"/> Creek Work <input type="checkbox"/> Other _____			
Pollutant: <input type="checkbox"/> None <input type="checkbox"/> Hazardous <input type="checkbox"/> Sediment <input type="checkbox"/> Soap <input type="checkbox"/> Oil/Grease <input type="checkbox"/> Concrete <input type="checkbox"/> Organic Matter <input type="checkbox"/> Trash/Litter <input type="checkbox"/> Sewage <input type="checkbox"/> Paint <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____			
Quantity: _____		Entered SD System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Entered Waterbody: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Name of Waterbody: _____	
Observations: _____ _____ _____ _____ _____			
Pictures: <input type="checkbox"/> Yes <input type="checkbox"/> No File No.(s) _____			
Enforcement Action: <input type="checkbox"/> None <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Citation <input type="checkbox"/> Admin. Order <input type="checkbox"/> Stop Work Order Date: _____			
Corrective Actions Required: _____ _____ _____ _____			
Compliance Date: _____			
Abated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Abated: _____ Complainant Advised: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Education Materials Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____			
Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No Sample ID: _____			
Referred To: _____ <div style="display: flex; justify-content: space-between;"> Name Dept. Date </div>			
Referred To: _____ <div style="display: flex; justify-content: space-between;"> Name Dept. Date </div>			