



POTENTIAL ILLICIT DISCHARGE FIELD SHEET

Section 1: Background Data

Description / Location of Suspected Illicit Discharge: _____

Date of Observation: ____ / ____ / ____ Time (Military): _____

Name(s) of Investigator(s): _____

Has it rained over 0.10 in. in the last 72 hours? Yes No

Land Use in Drainage Area (Check all that apply):

Industrial Institutional

Ultra-Urban Residential Open Space

Suburban Residential Woods

Commercial Other: _____

Known Industries: _____

Notes (e.g., origin of outfall, if known): _____

Section 2: Discharge Structure Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED	
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	<u>Circular Pipe Dimensions</u> Diameter: _____ in. <u>Elliptical Pipe Dimensions:</u> Width: _____ in. Height: _____ in.	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open Drainage (Channel)	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ ft. Top Width: _____ ft. Bottom Width: _____ ft.		
Is Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 4</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial Description Details: _____				

Section 3: Physical Indicators for Flowing Outfalls Only

Are any physical indicators present in the flow: Yes No *(If No, Skip to Section 4)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 - Faint colors	<input type="checkbox"/> 2 - Somewhat visible	<input type="checkbox"/> 3 - Clearly visible
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque



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Section 3: Physical Indicators for Flowing Outfalls Only (CONTINUED FROM PREVIOUS PAGE)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Few or slight; origin not obvious	2 - Some; indications of origin (e.g., possible suds or oil sheen)	3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)
Floatables (Does Not Include Trash)	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 - Few or slight; origin not obvious Comments: _____	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) Comments: _____	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials) Comments: _____

Section 4: Physical Indicators for Both Flowing and Non-Flowing Discharge Structures

Are physical indicators that are not related to flow present? Yes No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Discharge Structure Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits / Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: _____	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: _____	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: _____	

Section 5: Overall Discharge Characterization

Unlikely Potential (presence of two or more indicators)
 Suspect (one or more indicators with a severity of 3)
 Obvious
 Comments: _____

Section 6: Non-Illicit Discharge Concerns (e.g., illegal dumping, spills, trash or needed repairs)

Comments: _____

Section 7: General Comments

Comments: _____

Section 8: Reporting Information

Comments:	Date Observed: ____ / ____ / ____
	Time Observed: _____
Investigated by: _____	Date Investigated: ____ / ____ / ____
Was this illicit discharge reported to SCDHEC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reported: ____ / ____ / ____