

4I Sample Inspection/Reporting Forms

**CITY OF _____ FIELD DATA SHEET
SANTA CLARA VALLEY ILLEGAL DUMPING PROGRAM**

A) GENERAL INFORMATION:

LOCATION ID #: _____ SHEET #: _____ DATE: _____
LOCATION NAME: _____ TIME: _____

FIRST VISIT? Y / N _____ TIME SINCE LAST VISIT _____
WEEKS SINCE LAST RAIN: ($\geq 0.1"$) <1 2 >3 _____ INSPECTION TEAM: _____

B) FIELD SITE DESCRIPTION:

OPEN CHANNEL _____ MANHOLE _____ OUTFALL _____ OTHER _____
DOMINANT WATERSHED LAND USES: INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL _____ UNKNOWN _____ OTHER _____
IF KNOWN, LIST THEM: _____

C) FLOW ESTIMATION: FLOW OBSERVED YES NO APPROXIMATE PIPE DIAMETER: _____

see Tables on back of this sheet for calculating flowrates if no calculator is available.

- 1.) WIDTH OF WATER SURFACE (feet) (1) _____ ft.
- 2.) APPROX DEPTH OF WATER (inches) _____ in. DIVIDE BY 12 TO GET feet (2) _____ ft.
- 3.) APPROX FLOW VELOCITY (3a) _____ feet in (3b) _____ seconds. OR (3a/3b) = feet per second _____ ft/s.
- 4.) FLOW RATE (cubic feet per second) = (1) x (2) x (3a/3b) = _____ cfs.

D) VISUAL OBSERVATIONS: PHOTO TAKEN NO YES...ROLL(S) AND PHOTO NUMBER(S) _____

ODOR: NONE MUSTY AMMONIA SEWAGE ROTTEN EGGS SOUR MILK OTHER _____

COLOR: CLEAR RED YELLOW BROWN GREEN GREY OTHER _____

CLARITY: CLEAR CLOUDY OPAQUE SUSPENDED SOLIDS _____

FLOATABLES: NONE OILY SHEEN GARBAGE/SEWAGE OTHER _____

DEPOSITS / STAINS: NONE SEDIMENTS OILY OTHER _____

VEGETATION CONDITION: NONE NORMAL EXCESSIVE GROWTH INHIBITED GROWTH _____

STRUCTURAL CONDITION: NORMAL CONCRETE CRACKING/SPAULING METAL CORROSION OTHER _____

BIOLOGICAL: MOSQUITO LARVAE BACTERIA/ALGAE OTHER _____

E) FIELD ANALYSES:

DO: _____ mg/l
WATER TEMP: _____ degrees C
pH _____
AMMONIA: _____ mg/l
CHLORINE (FREE): _____ mg/l
CHLORINE (TOTAL): _____ mg/l

FIELD ANALYSES:

CHROMIUM (HEX): _____ mg/l
COPPER: _____ mg/l
CYANIDE: _____ mg/l
GLYCOL: _____ mg/l
PHENOL _____ mg/l

LABORATORY SAMPLE COLLECTED YES NO IF YES, ATTACH COPY OF CHAIN-OF-CUSTODY RECORD
NOTE LABORATORY SAMPLE ID NUMBERS AND SAMPLE DESCRIPTIONS: _____

F) COMMENTS:

DATA SHEET FILLED OUT BY (SIGNATURE): _____

Illicit Discharge/Connection Reporting and Response

Date/Time:

Reported by:

Address:

Phone:

Location:

Report:

Material	
<input type="checkbox"/> Hazardous	<input type="checkbox"/> Sediment
<input type="checkbox"/> Wastewater	<input type="checkbox"/> Other _____
<input type="checkbox"/> Oil/Grease	<input type="checkbox"/> Unknown

Land Use
<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial
<input type="checkbox"/> Public

Est. Quantity:

Direct/Constructed Connections Found? Yes No

Description:

Source Investigation Conducted? Yes No

Source identified? Yes No

Source/Owner of Discharge/Connection:

Entered Storm Drain System/Receiving Waters? Yes No

Action and Closure

Referred To:

Phone:

City:

Dept.:

Action Taken:

Date Closed:

Santa Clara Valley Urban Runoff Pollution Prevention Program

Performance Standard and Supporting Documents for Illicit Connection & Illegal Dumping Elimination Activities

Co-permittees should report annually the results of their program using the following standard reporting form. Co-permittees should also maintain documentation of illicit connection and illegal dumping incident type(s); results should be available upon request. See Table 3, pg. 12 for model format.

Co-permittee Reporting Form

Resource Commitment

- 1) Have you identified where responsibility for ICID enforcement is located within your jurisdiction?
- Yes No If no, provide a detailed explanation and time schedule for implementation.

Training/Education/Outreach

- 2) Have your ICID inspectors received necessary training?
- Yes No If no, provide a detailed explanation and time schedule for implementation.
- 3) Have you implemented appropriate outreach efforts to reduce non-permissible non-storm storm water discharges?
- Yes No If no, provide a detailed explanation and time schedule for implementation.
- 4) Have you conducted annual spill response drills (if no event occurred to evaluate your plan) in cooperation with other agencies or industries?
- Yes No If no, provide a detailed explanation and time schedule for implementation.
- 5) When a responsible party for an illegal dumping incident and/or illicit connection to the storm drain system has been identified, have you educated the party on the impacts of their actions?
- Yes No If no, provide a detailed explanation and time schedule for implementation.

Complaint Referral/Incident Response System

- 6) Have you followed existing spill response and clean-up programs used within your jurisdiction?
- Yes No If no, provide a detailed explanation and time schedule for implementation.
- 7) Have you developed and/or are you implementing a formalized inter-agency referral process for internal referrals (within a co-permittee's jurisdiction) and referrals between co-permittees?
- Yes No If no, provide a detailed explanation and time schedule for implementation.

Field Investigations

- 8) Have you conducted field investigations which include inspecting portions of the municipal storm drain system for potential sources of non-storm water discharges?
- Yes No If no, provide a detailed explanation and time schedule for implementation.
- 9) Are observed discharges referred to the appropriate agency?
- Yes No If no, provide a detailed explanation and time schedule for implementation.



Municipality: _____

Contact: _____

Reporting Period: July, August, September
January, February, March

October, November, December
April, May, June

I. Field Activities			
1. Describe field surveys. Number of screening points (as defined in the Annual Action Plans) Channel Miles	Industrial Areas	Commercial Areas	Residential Areas
2. List how many discharges were identified by the following methods. Include only discharges that could have been prevented by BMPs. Do not include fluid releases associated with minor traffic accidents.			
a. During field surveys at defined screening points:		b. Calls from:	
_____ identified by maintenance crews		_____ maintenance crews	
_____ identified by illicit discharge inspectors		_____ other agencies	
		_____ public	
3. List the number of times the following materials were identified.			
_____ Paint	_____ Concrete Cutting Slurry/Washwaters		
_____ Concrete	_____ Vehicle Cleaning Washwaters		
_____ Construction Debris	_____ Building/Sidewalk Washwaters		
_____ Medical Wastes	_____ Other Washwaters		
_____ Food Wastes	_____ Sewage		
_____ Yard Wastes	_____ Automotive Fluids (antifreeze, used motor oil, fuels, etc.)		
_____ Industrial Wastes (solvents, metals, corrosives, cooling tower blowdown, etc.)	_____ Other (describe):		
II. Follow-up Activities			
1. Describe whether sources of discharges were identified.			
_____ Number of sources that were identified			
_____ Number of incidents when source of discharge was not identified			
2. Describe whether discharges were abated.			
_____ Number of discharge incidents that were abated			
_____ Number of new discharge incidents where discharge is continuing, as of the end of the reporting period; Attach the inspection report			
_____ Number of continuing discharges that have already been reported in previous quarter(s).			
3. Describe enforcement activities conducted.			
_____ Verbal Notice		_____ Warning Notice	
_____ Administrative Action		_____ Administrative Action w/Penalty &/or Fine	
_____ Legal Notice			

Santa Clara Valley Urban Runoff Pollution Prevention Program

TABLE 3 - Model Format

(Co-permittees Name) Illegal Dumping and Illicit Connection Incident Type(s)

TYPE OF INCIDENT	NUMBER OF INCIDENTS
Auto Dealers	
Washing Cars	
Auto Shops	
Radiator Fluid	
Waste Water	
Auto-Residential	
Fuel Leaking	
Car Washing	
Car Repair	
Radiator Draining	
Oil Dripping	
Residential	
Apartments	
Other	
Commercial	
Irrigation	
Construction	
Sediment	
Asphalt Cuttings	
Other Materials	
Carpet Cleaning	
Cement Washing	
Commercial	
Industrial	
Residential	
Responses to Non-problems	
No Discharge	
Allowable Non-storm	
Water Discharge	
Cooling Water	
Drums Abandoned	
Equipment Cleaning	
Commercial	
Residential	
Industrial	
Grocery Store	
Dumpsters	
Grey Water	

TYPE OF INCIDENT	NUMBER OF INCIDENTS
Gas Stations and Vehicle Service Facilities	
Washing Cars	
Radiator Fluids	
Industrial	
Fuel Leaking	
Paint	
Parking Lots	
Pools & Spas	
Residential	
Grey Water	
Sediment	
Irrigation	
Restaurants	
Dumpsters	
Grey Water	
Oil & Grease	
RV Waste Dumping	
Sewage Spills	
Shops (Non Auto)	
Washing	
Spills	
Sumps	
Used Oil Dumping	
Res. - Apt.	
Res. - Other	
Comm. - All	
Misc. Incidents (total)	
Resolved	
Under Investigation	
Illegal Dumping (total)	
Resolved	
Under Investigation	
Illicit Connections (total)	
Resolved	
Under Investigation	