

ILLICIT DISCHARGE INVESTIGATION

Town of Brunswick, NY | Traditional Land Use MS4

1. CASE INTAKE & INITIAL SCREENING

Case / incident no.

Report received (date/time)

Received by

Reporter / contact

Phone / email

Incident location / address

Municipality / ZIP

Nearest MS4 asset / outfall

Map / asset ID

Reported condition (check all that apply):

- | | | | |
|--|---|--|--|
| ☐ Odor | ☐ Discoloration | ☐ Foam / sheen | ☐ Solids / sediment |
| ☐ Sanitary wastewater | ☐ Chemical / oil | ☐ Dumping / spill | ☐ Other |

Other details / initial observations

Initial classification:

- | | | |
|--|--|--|
| ☐ Obvious sanitary wastewater | ☐ Suspected illicit discharge | ☐ Other / uncertain |
|--|--|--|

Potential immediate threat to human health or environment?

- | | | |
|------------------------------|-----------------------------|----------------------------------|
| ☐ Yes | ☐ No | ☐ Unknown |
|------------------------------|-----------------------------|----------------------------------|

2. REQUIRED RESPONSE TIMING & NOTIFICATIONS

Discovery date/time (if different from report received)

Track-down initiation date/time

- ☐ Reviewed 2-hour trigger: obvious sanitary wastewater affecting bathing area during bathing season, shellfish area, or public water intake

Regional Water Engineer notice (date/time, contact, method)

Local health department notice (date/time, contact, method)

- ☐ Reviewed 5-day track-down initiation requirement for suspected illicit discharges

Other agencies / utilities / property owner notified (who, when, how)

FIELD INVESTIGATION & TRACK-DOWN

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3. FIELD VISIT LOG

Investigator(s) / title

Visit date and time

Weather / recent rainfall

Flow condition

Field observations (check all that apply):

- | | | |
|--|--|--|
| ☐ Flow present | ☐ Dry-weather flow | ☐ Odor |
| ☐ Abnormal color | ☐ Sheen | ☐ Foam |
| ☐ Solids | ☐ Staining / residue | ☐ Dead vegetation |
| ☐ Wildlife impact | ☐ Sanitary indicators | ☐ No indicators |

Narrative observations, measurements, and conditions

4. SOURCE TRACK-DOWN

Methods used (check all that apply):

- | | |
|---|---|
| ☐ Visual inspection | ☐ Upstream / downstream inspection |
| ☐ Manhole / catch basin sampling | ☐ Dye testing |
| ☐ Smoke testing | ☐ CCTV / pipe televising |
| ☐ Records / mapping review | ☐ Interviews |
| ☐ Laboratory sampling | ☐ Other |

Upstream location / result

Downstream location / result

Sampling / field test details (date, location, parameter, result, units)

Likely source / responsible party, if known

Evidence / attachments (photo IDs, map, lab report, chain of custody)

FINDINGS, CORRECTIVE ACTION & ENFORCEMENT

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5. INVESTIGATION DETERMINATION

- ☐ Illicit discharge confirmed ☐ Probable source; confirmation pending
- ☐ Inconclusive / further investigation needed ☐ No illicit discharge identified

Determination date

Reviewer / title

Receiving water / MS4 point

Basis for determination / pollutants observed or suspected

6. ELIMINATION / CORRECTIVE ACTION PLAN

Immediate containment / interim measures

Corrective actions required (specific action, responsible party, deadline)

Action deadline

Responsible party / contact

Response priority:

- ☐ Urgent ☐ High ☐ Routine

Risk / priority rationale

7. PROGRESSIVE ENFORCEMENT / ESCALATION LOG

Record actions consistent with municipal legal authority and the adopted Enforcement Response Plan (ERP).

Enforcement step

Date

Action / recipient / deadline / outcome

Verbal / informal notice

Written notice / warning

Notice of violation / compliance order

Referral / penalty / legal action

Other / escalation

VERIFICATION, CLOSURE & RECORDKEEPING

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8. FOLLOW-UP INSPECTION & VERIFICATION

Follow-up inspection date/time

Inspector

Corrective action status:

☐ Complete / verified

☐ Partially complete

☐ Not complete

☐ N/A

Verification method (reinspection, sampling, records, photo comparison, etc.)

Verification results / evidence discharge has ceased

Date discharge ceased, if known

Verified by / title

9. CLOSURE & REPORTING

☐ Case closed

☐ Case remains open

☐ Referred to agency / utility

☐ Incident documented in SWMP Plan / case log

☐ Permit / ERP reporting reviewed

Closure date

Closure approved by / title

Closure summary / unresolved issues / next action

10. CERTIFICATION & FILE CHECK

Investigator certification

Investigator signature / initials

Date

File checklist:

☐ Photos / photo log

☐ Map / asset location

☐ Sampling / lab records

☐ Notices / correspondence

☐ Follow-up verification

☐ Other attachments

Compliance note:

This form supports documentation; it does not replace the permit, SWMP, ERP, legal authority, or required agency reports.