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