



Lake County Clean Water Program Illicit Discharge Investigation & Reporting Procedures

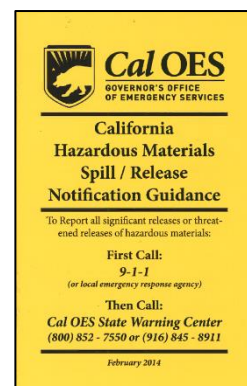


As part of the MS4 Storm Water Phase II Section E.9.d permit requirements, Lake County Clean Water Program (Lake County Watershed Protection District and the Cities of Lakeport and Clearlake) needs to maintain the Illicit Discharge Detection and Elimination Program to detect, investigate, and eliminate illicit discharges.

Section E.9.d describes the specific investigative and reporting requirements that are needed to comply with all State MS4 regulations. These include written procedures for conducting investigations, reporting, and follow-up investigations of all non-storm water discharges suspected to be illicit. These procedures should also include corrective action procedures that are warranted, have been taken, or are being conducted.

Procedures for investigating, reporting, and conducting follow-up on an illicit discharge in Lake County.

- 1) If you or your department is the first response on the scene of an illicit discharge and/or spill, make sure there are no immediate threats or dangers to human health. If an emergency situation exists call 911 and if there are potential health hazards or exposures to human health and/or wildlife, call Environmental Health at (707) 263-1164.
- 2) Report the incidence to CalOES using the yellow pocket guide shown in Figure 1.
- 3) The CalOES report will require the following information:
 - a. Identity of caller
 - b. Exact location, date and time of spill, release or threatened release
 - c. Location of threatened or involved waterway or storm drains
 - d. Substance, quantity involved, and isotope if necessary
 - e. Chemical name (if known, it should be reported if the chemical is extremely hazardous)
 - f. Description of what happened
- 4) Using the same information as provided in the CalOES report, complete a Lake County CWP IDDE Investigation Report.



*Figure 1. CalOES
Spill Response
Pocket Guide Book*

- 5) If a CWP representative is not the first response to the Illicit Discharge / Spill, a “Lake County CWP IDDE Investigation Report” form must be filled out within 72 hours.

- 6) File a hard copy of the report in the labeled draw in Water Resource Department and if possible, staple a copy of the CalOES report to the IDDE Investigation Report.

- 7) If necessary, conduct a Follow-Up report on the incident using the “Lake County CWP IDDE Follow-Up” Form.

- 8) Send all reports and follow up documents to the appropriate parties. These might include the following:

Lake County Clean Water Program Illicit Discharge Detection and Elimination
Program Reporting Contacts (as of April 2023)

Department	Name	Email
Environmental Health	Craig Wetherbee, Director	Craig.Wetherbee@lakecountyca.gov
Environmental Health	Katie Carpenter, Office Services Supervisor	Katie.Carpenter@lakecountyca.gov
Health Administration	Jonathan Portney, Health Services Director	Jonathan.Portney@lakecountyca.gov
Special Districts	Scott Harter, Administrator	Scott.Harter@lakecountyca.gov
Emergency Services	Leah Sautelet, Emergency Services Manager	Leah.Sautelet@lakecountyca.gov
Central Valley Regional Water Quality Control Board, Municipal Storm Water Unit	Elizabeth Lee, Storm Water Resource Control Engineer	Elizabeth.Lee@waterboards.ca.gov



Lake County Clean Water Program

Illicit Discharge Investigation Reporting Form



CalOES incident ID: _____	Original incident date: _____
Investigation date: _____	Incident time: _____ AM/PM
Investigation by (name & dept): _____	
Location of discharge: _____	
Municipality: <input type="checkbox"/> Lake County <input type="checkbox"/> Lakeport <input type="checkbox"/> Clearlake <input type="checkbox"/> Oaks <input type="checkbox"/> Kelseyville <input type="checkbox"/> Other _____	
Responsible party: _____	
(Name)	(Company)
_____	_____
(Address)	(Phone)
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"/> Regular Operations <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: _____ Notified to Environmental Health: <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 #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"/> N/A	
Education materials provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____	
Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No Analytes measured: _____	
Referred to: _____	
Name	Dept.
_____	Date
Referred to: _____	
Name	Dept.
_____	Date

