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. The CalOES Warning Center Phone # is (800)852-7550 or (916)845-8911

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.

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 Feb 2019)

<table>
<thead>
<tr>
<th>Department</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health</td>
<td>Jasjit Kang, Director</td>
<td><a href="mailto:Jasjit.Kang@lakecountyca.gov">Jasjit.Kang@lakecountyca.gov</a></td>
</tr>
<tr>
<td>Public Health</td>
<td>Denise Pomeroy, Health Services Director</td>
<td><a href="mailto:Denise.Pomeroy@lakecountyca.gov">Denise.Pomeroy@lakecountyca.gov</a></td>
</tr>
<tr>
<td>Public Health</td>
<td>Erin Gustafson, Public Health Officer</td>
<td><a href="mailto:Erin.Gustafson@lakecountyca.gov">Erin.Gustafson@lakecountyca.gov</a></td>
</tr>
<tr>
<td>Special Districts</td>
<td>Jan Coppinger</td>
<td><a href="mailto:Janet.Coppinger@lakecountyca.gov">Janet.Coppinger@lakecountyca.gov</a></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Dale Carnathan</td>
<td><a href="mailto:Dale.Carnathan@lakecountyca.gov">Dale.Carnathan@lakecountyca.gov</a></td>
</tr>
<tr>
<td>Central Valley Regional Water Quality Control Board, Municipal Storm Water Unit</td>
<td>Elizabeth Lee, Storm Water Resource Control Engineer</td>
<td><a href="mailto:Elizabeth.Lee@waterboards.ca.gov">Elizabeth.Lee@waterboards.ca.gov</a></td>
</tr>
</tbody>
</table>
Lake County Clean Water Program
Illicit Discharge Investigation Reporting Form

<table>
<thead>
<tr>
<th>CalOES incident ID:</th>
<th>Original incident date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation date:</td>
<td>Incident time:</td>
</tr>
<tr>
<td>Investigation by (name &amp; dept):</td>
<td></td>
</tr>
<tr>
<td>Locaton of discharge:</td>
<td></td>
</tr>
</tbody>
</table>

**Municipality:**
- Lake County
- Lakeport
- Clearlake
- Oaks
- Kelseyville
- Other

**Responsible party:**
- (Name)
- (Company)
- (Address)
- (Phone)

**Category:**
- Food Service
- CUPA
- Commercial - Other
- Development
- Agriculture
- General Public
- Municipal Operations
- Other

**Activity:**
- Construction/Grading
- Automotive
- Surface Cleaning
- Food Service
- Landscaping
- Agriculture
- Illegal Dumping
- Illicit Connection
- Creek Work
- Regular Operations
- Other

**Pollutant:**
- None
- Hazardous
- Sediment
- Soap
- Oil/Grease
- Concrete
- Organic Matter
- Trash/Litter
- Sewage
- Paint
- Unknown
- Other

**Quantity:**
- Notified to Environmental Health: Yes No Unknown

**Entered waterbody:**
- Yes No Unknown

**Name of waterbody:**

**Observations:**

**Pictures:**
- Yes No File #s

**Enforcement action:**
- None
- Verbal Warning
- Citation
- Admin. Order
- Stop Work Order

**Corrective actions required:**

**Compliance date:**

**Abated:**
- Yes No

**Date abated:**

**Complainant advised:**
- Yes No N/A

**Education materials provided:**
- Yes No

**Description:**

**Sample:**
- Yes No

**Analytes measured:**

**Referred to:**

**Name**

**Dept.**

**Date**

**Referred to:**

**Name**

**Dept.**

**Date**

W:MS4 Permit/Illlicit Discharges/Forms

Updated Feb 2019
Lake County Clean Water Program
Illicit Discharge Follow-up Form

Follow-up date: ______  Time: ________  CalOES control #: ________

Follow-up by (name, dept.): ____________________________________________

Follow-up form (phone call, email, text, other): ____________________________

Date of original incident: ________________________________________________

Location of original discharge: __________________________________________

Responsible party: ______________________________________________________

Were pictures taken (if yes, file #s): _____________________________________

Observations: __________________________________________________________

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Actions recommended: __________________________________________________

_____________________________________________________________________
_____________________________________________________________________

Disposition:
Abated: △ Yes △ No  Was a sample taken: △ Yes △ No  Analytes: ____________

Sample results if any: __________________________________________________

Follow up sent to: ______________________________________________________

Name  Dept.  Date

W:MS4 Permit/Illlicit Discharges/Forms  Updated Feb 2019