

Reactive Investigation of Reported Illicit Discharge/Illegal Connection/Illegal Dumping

Date suspected illicit was reported: _____

Date of investigation: _____

MS4 potential Receiving system: _____

If not within MS4, date and to whom referral made: _____

Verification of problem: _____

Type of discharge/connection/dumping: _____

Determined Source: _____

Type of enforcement action taken: _____

Date to verify elimination: _____

Date of Referral to FDEP of facility that may require MSGP: _____