In accordance with Part III.B.3.j.v of OHQ000004, use this form to notify Ohio EPA if any of the following illicit discharges are detected discharging to your MS4:

* Illicit sanitary cross connections from industrial, commercial, or multi-family sources; and
* Leaking or broken sanitary sewer lines that are actively contributing sewage to your MS4.

Within 24 hours of discovery of the source of the illicit discharge, this form is to be completed and emailed to the appropriate Ohio EPA district office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov

Southwest District Office: swdo24hournpdes@epa.ohio.gov

Northwest District Office: nwdo24hournpdes@epa.ohio.gov

Northeast District Office: nedo24hournpdes@epa.ohio.gov

Central District Office: cdo24hournpdes@epa.ohio.gov

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| **Permittee Information** |
| Name of MS4 Permittee: |       |
| NPDES Facility Permit Number: |       |
| Contact Name for Permittee: |       |
| Contact Telephone Number: | (     )     -      |
| Contact Email Address: |       |
| **Illicit Discharge Information** |
| Please provide:* A general description of the illicit discharge that was detected,
* An estimate of volume (gpd),
* The identified source (if known),
* Any analytical data (if taken),
* Potential for human contact (low, medium, high), and
* Is there any evidence of any distressed or dead wildlife?
 |       |
| Date/time illicit discharge began: [ ]  Unknown  | Date: |       /       /       | Time:  |        |
| Date/time illicit discharge discovered:  | Date: |       /       /       | Time:  |        |
| Location of the illicit discharge (lat/long):  |       |
| Stormwater Outfall ID/Number (if known): |       |
| Did discharge reach a water of the state? | [ ]  Yes [ ]  No |
| If Yes, list affected waterbodies:       |
| Who else have you notified? (fire department, health department, water treatment plant, downstream MS4, facility responsible, etc.) include contact name(s) and phone number(s):       |
| Has illicit discharge been eliminated?  | [ ]  Yes [ ]  No |
| If Yes, date/time illicit discharge eliminated:  | Date: |       /       /       | Time:  |        |
| If No, describe actions taken to contain the illicit discharge and estimated schedule for elimination:       |