**Minnesota State Illicit Discharge Investigation Report**

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| Location of illicit discharge (east parking lot, retention, pond, etc.):  | Date (If known): |
| Cause and/or type of incident (Illegal dumping of garbage, petroleum leaks/spills, etc.): | Name of person or group at fault and Campus affiliation (Staff, Faculty, Student, Guest, Other): |
| Other areas affected (outfalls, ponds, storm sewer pipes, walkways, etc.): | Odors or floatables (Describe smell and any visible evidence): |
| Description of the violation(s): |
| Actions taken to clean up the incident (Spill cleanup, garbage removal, excavation, etc.):  |
| Enforcement actions taken and listed by date (Student code of conduct discipline, employee misconduct discipline, referral to local community MS4/stormwater authority, etc.): |
| Campus Inspector Name:  | Date of Inspection: |
| Date violation was resolved: |  |