

Illicit Discharge Detection and Elimination (IDDE) Inspection Form

Inspector Name

Date

Time

Location

Weather Conditions

Outfall ID

Receiving Water Body

Suspected Illicit Discharge?

Description/Observations

Flow Present?

Flow Type

Odor Present?

Odor Description

Color

Floatables Present?

Floatables Description

Illicit Source Identified?

Source Description

Corrective Actions Taken/Recommended

Additional Notes