



# Illicit Discharge Enforcement Response Procedures

Name of Person Responsible for Violation:

Date of Violation:

Location of Violation:

Major Road Intersection:

Violation Type:  Spill  Illicit Discharge  Illicit Connection

Other :

1<sup>st</sup> Offense:  Yes  No, Number of Offenses:

Date(s) of Offense(s):

DESCRIPTION OF VIOLATION(S) (INCLUDE ORDINANCE OR OTHER REGULATORY MECHANISM BROKEN)

ENFORCEMENT ACTION TAKEN			
Type		Date Issued	Date Resolved
<input type="checkbox"/>	Verbal Warning		
<input type="checkbox"/>	Written Notice		
<input type="checkbox"/>	Stop Work Order		
<input type="checkbox"/>	Citation		
<input type="checkbox"/>	City Corrected Violation and Billed Owner		
<input type="checkbox"/>	Legal Action		
<input type="checkbox"/>	Other:		

DESCRIPTION OF ENFORCEMENT ACTION(S) TAKEN

**City of Winona - Illicit Discharge Enforcement Response Procedures**

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CORRECTIVE ACTIONS REQUIRED			
Corrective Action	Req. Completion Date	Field Verification Date	Field Verified By
Attach Sheet to Document if More Space is Needed			

A COPY OF THIS DOCUMENT WILL BE SENT TO THE FOLLOWING ORGANIZATIONS:			
<input type="checkbox"/>	MPCA State Duty Officer	<input type="checkbox"/>	U.S. Army Corps of Engineers
<input type="checkbox"/>	Mississippi River – Winona Watershed	<input type="checkbox"/>	MN DNR
<input type="checkbox"/>	Property Owner	<input type="checkbox"/>	Contractor
<input type="checkbox"/>	MN Fish and Wildlife	<input type="checkbox"/>	Other:

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HAS THIS VIOLATION BEEN RESOLVED:  YES  NO

IF YES, DATE(S) VIOLATION(S) HAS BEEN RESOLVED:

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed