Oral Report for Polluted Discharge(s) to State Waters

Within 24 hours of becoming aware of a discharge:

- IMMEDIATELY start addressing the discharge(s).
- IMMEDIATELY CALL the DOH-CWB Enforcement Section at 808-586-4309 to report the discharge(s). If outside of office hours, call the Hawaii State Hospital Operator at 808-247-2191.

Oral Report Information:

1. Record the name of the DOH representative: ____________________________
2. Record date and time of call: _________________________________________
3. I am (Name + Job Title + Organization), and
4. I am calling to report a discharge for (Project Title): ___________________________________________
   with NPDES permit # (if applicable): _____________
   located at (address or general location): ___________________________
5. The discharge is: __________________________________________________
   (i.e. muddy storm water, concrete, oil, porta potty fluid, etc.)
6. The discharge went to: ______________________________________________
   (Storm drain, ditch, stream, ocean, etc.; provide location or water body name if possible)
7. The discharge was caused by:
   (Describe to DOH what you believe happened that resulted in the discharge. It’s ok if you’re not sure right now or if the cause changes; that can be discussed in the written report later.)

8. Steps taken to reduce, eliminate, or prevent reoccurrence of the discharge(s):

9. The discharge is: □ done or □ ongoing
   If it’s done, it started (date and time): ________________
   and ended (date and time): ________________
10. Comment/Questions: ________________________________________________
11. The written report must be submitted by (get from DOH): ___________________
   (The written report is due in 5 calendar days, unless you get an extension to 14 days from DOH.)

After reporting the discharge to DOH, also report the discharge to DFM-Storm Water Quality Branch, 808-768-3245.
Written Report for Polluted Discharge(s) to State Waters

Project Title:

NPDES Permit (if applicable):

Location (address or description):

The discharge is: □ done □ ongoing.

If done, the discharge started on (date) at (time), and was terminated on (date) at (time).

The discharge contained (check all that apply):

□ Stormwater containing mud/dirt    □ Concrete or concrete wash water
□ Wash water for ____________        □ Other _____________________

Cause of the Discharge:

Steps taken to stop the discharge:

Steps taken or to be taken to prevent future discharges:

Other comments:
## Photographs

(Include any photos that help show what happened, what the discharge was, where it went, and the corrective actions taken to address and stop it.)

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<th>Date photo was taken:</th>
<th>Photographer:</th>
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<td>Description of photo:</td>
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