

Lake County General Health District Illicit Discharge Reporting Form

Please complete the following information and fax or email to:

Lake County General Health District

5966 Heisley Road

Mentor, OH 44060

Attn: Kristen Fink

Email: kfink@lcghd.org

Fax: 440-350-2548

Date: _____ **Reporting Individual:** _____

Location Owner Name: _____

Location Address of Illicit Discharge: _____

Reporting Individual: _____

Reporting Community/Agency: _____

Description of Illicit Discharge: _____

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**Lake County
General Health District**

Public Health
Prevent. Promote. Protect.



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Description of Illicit Discharge Cont'd. :

Investigation Date: _____

Illicit Discharge Eliminated: ☐ Yes ☐ No

Associated Outfall: _____

Watershed/Subwatershed: _____

Description of Elimination: _____



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