

Suspected Illicit Discharge - Report Form

Section 1: General Information

Responder Information	
Call Received by:	Call Date:
Precipitation Depth (In.) in Past 24-48 Hrs.:	Call Time (Military):
Reporter Information	
Name:	Incident Date:
Address:	Incident Time (Military):
Telephone Number:	Email Address:

Section 2: Incident Location

Latitude/Longitude:	Outfall Number:
Location of Discharge (nearest street intersection, address, nearby landmarks, etc.): _____ _____ _____	
Description	<input type="checkbox"/> Stream Corridor (In or Adjacent to Stream)
	<input type="checkbox"/> Outfall <input type="checkbox"/> In-Stream <input type="checkbox"/> Along Banks
	<input type="checkbox"/> Upland Area (Land not Adjacent to Stream)
	<input type="checkbox"/> Near Inlet <input type="checkbox"/> Near Other Water Source (Detention Basin, Wetland, etc.)

Section 3: Upland Problem Indicator Description

<input type="checkbox"/> Dumping <input type="checkbox"/> Soap Suds <input type="checkbox"/> Oil, Solvents, Chemicals <input type="checkbox"/> Other: _____

Section 4: Stream Corridor Problem Indicator Description

Flow Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Description	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Intermittant
Photo Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach to form)
Odor	<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Sour Milk
	<input type="checkbox"/> Petroleum <input type="checkbox"/> Other: _____
Color	<input type="checkbox"/> None <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Green
	<input type="checkbox"/> Grey <input type="checkbox"/> Other: _____
Clarity	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque
Floatables	<input type="checkbox"/> None <input type="checkbox"/> Garbage <input type="checkbox"/> Algae <input type="checkbox"/> Dead Fish <input type="checkbox"/> Oily Sheen
	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Other: _____
Additional Information: _____ _____ _____	
Suspected Violator or Source (Name, Address, Personal or Vehicle Description, License Plate Number, etc.): _____ _____ _____	

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Section 5: Follow-Up Investigation

Investigator Name:	Date:
	Time (Military):
Date of Last Rainfall:	Approx. Rainfall Depth (In.):
<input type="checkbox"/> No Investigation Made	Reason:
<input type="checkbox"/> Referred to Outside Agency	Agency Name:
<input type="checkbox"/> Investigated: No Action Necessary	Reason:
<input type="checkbox"/> Investigated: Required Action	Reason:
Description of Action(s) Taken: _____ _____ _____	
Hours between Call and Investigation:	Date Incident Closed:
Additional Information: _____ _____ _____	