

Illicit Discharge Incident Tracking Sheet

Incident ID: _____				
Responder Information (for Citizen-Reported issues)				
Call Taken By: _____	Call Date: _____			
Call Time: _____	Precipitation (inches) in past 24-48 hours: _____			
Observer Information				
Date and Time of Observation: _____	Observed During Regular Maintenance or Inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Caller Contact Information (optional) or Municipal Employee Information: _____				
Observation Location: (complete one or more below)				
Latitude and Longitude: _____				
Stream Address or Outfall #: _____				
Closest Street Address: _____				
Nearby Landmark: _____				
Primary Location Description		Secondary Location Description:		
<input type="checkbox"/> Stream Corridor (In or adjacent to stream)		<input type="checkbox"/> Outfall	<input type="checkbox"/> In-stream Flow	
<input type="checkbox"/> Upland Area (Land not adjacent to stream)		<input type="checkbox"/> Near Storm Drain	<input type="checkbox"/> Near other water source (stormwater pond, wetland, ect.): _____	
Narrative description of location: _____				
Upland Problem Indicator Description				
<input type="checkbox"/> Dumping	<input type="checkbox"/> Oil/Solvents/Chemicals		<input type="checkbox"/> Sewage	
<input type="checkbox"/> Detergent, suds, etc.	<input type="checkbox"/> Other: _____			
Stream Corridor Problem Indicator Description				
Odor	<input type="checkbox"/> None	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rancid/Sour	<input type="checkbox"/> Petroleum (gas)
	<input type="checkbox"/> Sulfide (rotten eggs); natural gas	<input type="checkbox"/> Other: Describe in "Narrative" section		
Appearance	<input type="checkbox"/> "Normal"	<input type="checkbox"/> Oil Sheen	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Foam
	<input type="checkbox"/> Optical enhancers	<input type="checkbox"/> Discolored		
	<input type="checkbox"/> Other: Describe in "Narrative" section			
Floatables	<input type="checkbox"/> None	<input type="checkbox"/> Sewage (toilet paper, etc)	<input type="checkbox"/> Algae	<input type="checkbox"/> Trash or debris
	<input type="checkbox"/> Other: Describe in "Narrative" section			
Narrative description of problem indicators: _____				
Suspected Source (name, personal or vehicle description, license plate #, address, etc.): _____				