

ILLCIT DISCHARGE INCIDENT REPORT

Reported Date & Time:
Call/Email Taker's Name:
Incident Date & Time:
Incident Report #:
Last Rain:

INCIDENT REPORTER INFORMATION

Full Name:
Business Name (if applicable):
Street Address:
Phone: Ext:
Email:
 Reporter requests to be Anonymous

INCIDENT LOCATION

Business or Property Owner Name:
Street Address:
Directions/Landmarks:

INCIDENT DESCRIPTION

Medium: Soil/Ground Cover Water
Pollutant: Oil/Fuel Sewage Detergents Erosion/Sediment Paint Landscape waste
 Other:
Color: Clear Brown Gray Green Orange Red Yellow Other:
Odor: Sewage Rancid Petroleum/gasoline Sulfur Other:
Floatables: Trash Toilet paper Suds/Foam Rainbow sheen Excessive algae Other:
Possible Cause:

REFERRED TO

Staff Name: Phone:
Referral Date:
Outside Support & Technical Assistance
Name: Phone:
Referral Date:
Name: Phone:
Referral Date:

ADDITIONAL INFORMATION AND NOTES

PHOTOGRAPHS & ATTACHMENTS

Attach photographs and any relevant documents that pertain to the incident report.