

### Illicit Discharge Incident Tracking Sheet

Incident ID:			
<b>Responder Information (for Citizen-Reported issues)</b>			
Call Taken By:		Call Date:	
Call Time:		Precipitation (inches) in past 24-48 hours:	
<b>Observer Information</b>			
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:			
<b>Observation Location: (complete one or more below)</b>			
Latitude and Longitude:			
Stream Address or Outfall #:			
Closest Street Address:			
Nearby Landmark:			
<b>Primary Location Description</b>		<b>Secondary Location Description:</b>	
<input type="checkbox"/> Stream Corridor (In or adjacent to stream)		<input type="checkbox"/> Outfall	<input type="checkbox"/> In-stream Flow <input type="checkbox"/> Along Banks
<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:			
<b>Upland Problem Indicator Description</b>			
<input type="checkbox"/> Dumping	<input type="checkbox"/> Oil/Solvents/Chemicals	<input type="checkbox"/> Sewage	
<input type="checkbox"/> Detergent, suds, etc.	<input type="checkbox"/> Other: _____		
<b>Stream Corridor Problem Indicator Description</b>			
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.):			