

Illicit Discharge Hotline Incident Tracking Sheet

Complainant *CONFIDENTIALITY: Every effort will be made to keep the complainants identity confidential within the limits of existing laws.*

<input type="checkbox"/> by phone	Printed Name:	Phone #:
<input type="checkbox"/> by mail	Signature:	Date:
<input type="checkbox"/> in person	Residence Address:	
<input type="checkbox"/> anonymous	Mailing Address:	

Incident ID:	Precipitation (inches) in past 24-48 hrs:
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Responder Information

Call taken by:	Call date:	Call time:
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Reporter Information

Incident time:	Incident date:
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Incident Location *(complete one or more below)*

Latitude:	Longitude:
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Stream address or outfall #:

Closest street address:

Primary Location Description	Secondary Location Description:		
<input type="checkbox"/> Stream Corridor <i>(In or adjacent to stream)</i>	<input type="checkbox"/> Outfall	<input type="checkbox"/> In-stream flow	<input type="checkbox"/> Along banks
<input type="checkbox"/> Upland area <i>(Land not adjacent to stream)</i>	<input type="checkbox"/> New storm drain	<input type="checkbox"/> Near other water source (storm water pond, wetland, etc.)	

Narrative description of location:

Upland Problem Indicator Description

<input type="checkbox"/> Dumping	<input type="checkbox"/> Oils/solvents/chemicals	<input type="checkbox"/> Sewage
<input type="checkbox"/> Wash water, 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"/> Suds
	<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"/> Dead fish
	<input type="checkbox"/> Other: Describe in "Narrative" section			

Narrative description of problem indicators:

Suspect Violator (name, personal or vehicle description, license plate #, etc.)

Investigation Notes

Initial investigation date:	Investigators:
No investigation made	Reason:
Referred to different department/agency	Department/Agency:
Investigated: No action necessary	
Investigated: Requires action	Description of actions:
Hours between call and investigation:	Hours to close incident:
Date case closed:	

Corrective Action Plans: (Add additional pages if necessary)