

## ILLICIT 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  
**Contaminate:**  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.