**Illicit Discharge Incident Tracking Sheet**

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| 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?  Yes  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:** | | | | | | | | |
| Stream Corridor (In or adjacent to stream) | | Outfall | | | In-stream Flow | | | | | Along Banks |
| Upland Area (Land not adjacent to stream) | | Near Storm Drain | | | Near other water source (stormwater pond, wetland, ect.): | | | | | |
| Narrative description of location: | | | | | | | | | | |
| **Upland Problem Indicator Description** | | | | | | | | | | |
| Dumping | Oil/Solvents/Chemicals | | | | | | Sewage | | | |
| Detergent, suds, etc. | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Stream Corridor Problem Indicator Description** | | | | | | | | | | |
| Odor | None | | Sewage | | | Rancid/Sour | | | Petroleum (gas) | |
| Sulfide (rotten eggs); natural gas | | Other: Describe in “Narrative” section | | | | | | | |
| Appearance | “Normal” | | Oil Sheen | | | | Cloudy | | | Foam |
| Optical enhancers  Discolored | | | | | | | | | |
| Other: Describe in “Narrative” section | | | | | | | | | |
| Floatables | None | | Sewage (toilet paper, etc) | | | | | Algae | | Trash or debris |
| Other: Describe in “Narrative” section | | | | | | | | | |
| Narrative description of problem indicators: | | | | | | | | | | |
| Suspected Source (name, personal or vehicle description, license plate #, address, etc.): | | | | | | | | | | |