

Illicit Discharge Hotline Incident Tracking Sheet

Incident ID:				
Responder Information				
Call taken by:			Call date:	
Call time:			Precipitation (inches) in past 24-48 hrs:	
Reporter Information				
Incident time:			Incident date:	
Caller contact information (<i>optional</i>):				
Incident Location (<i>complete one or more below</i>)				
Latitude and longitude:				
Stream address or outfall #:				
Closest street address:				
Nearby landmark:				
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"/> Near 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"/> Oil/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:				
Suspected Violator (name, personal or vehicle description, license plate #, etc.):				

Investigation Notes	
Initial investigation date:	Investigators:
<input type="checkbox"/> No investigation made	Reason:
<input type="checkbox"/> Referred to different department/agency:	Department/Agency:
<input type="checkbox"/> Investigated: No action necessary	
<input type="checkbox"/> Investigated: Requires action	Description of actions:
Hours between call and investigation:	Hours to close incident:
Date case closed:	
Notes:	