

Illicit Discharge Report Sheet

Incident time:	Incident date:
Contact information (optional):	
Incident Location (complete one or more below)	
Closest Street Address	
Nearby landmark:	
Primary Location Description	Secondary Location Description:
<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 (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.):	