

Initial IDDE Report Form Illicit Discharge Incident Tracking Sheet

Reporting Information

Caller Name:

Caller Phone Number:

Incident Time:

Closest street address/intersection OR Nearest Landmark/Building:

Questions (*Required)

Known discharge?*

Yes

No

IF YES:

Discharge name:

Amount spilled:

Has the leak stopped?*

Yes

No

Has discharge been released to a storm drain/waterway?*

Yes

No

IF YES:

Narrative Description of Location (i.e. near storm drains, in creek/river, along river bank):

For Unknown Discharge

Check all characteristics that apply to the unknown discharge:

Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Oil (Rainbow) Sheen	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Soapy/Sudsy
	<input type="checkbox"/> Colored	<input type="checkbox"/> Other (describe):		
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:	
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):			

Other Comments:

Chemical

Water/Sewer

Operator Name:

Incident Date: