

# Illicit Discharge Incident Tracking Form

CITY OF SOUTHPORT  
 6901 DERBYSHIRE ROAD  
 SOUTHPORT, INDIANA 46227

<b>Incident ID:</b>				
<b>Responder Information</b>				
Call taken by:	Call date:			
Call time:	Precipitation (inches) in past 24-48 hrs:			
<b>Reporter Information</b>				
Incident time:	Incident date:			
Caller contact information (optional):				
<b>Incident Location</b> (complete one or more below)				
Latitude and longitude:				
Stream address or outfall #:				
Closest street address:				
Nearby landmark:				
<b>Primary Location Description</b>	<b>Secondary Location Description:</b>			
<input type="checkbox"/> Stream corridor (In or adjacent to stream)	<input type="checkbox"/> Outfall			
<input type="checkbox"/> Upland area (Land not adjacent to stream)	<input type="checkbox"/> Near storm drain			
	<input type="checkbox"/> In-stream flow			
	<input type="checkbox"/> Along banks			
	<input type="checkbox"/> Near other water source (storm water pond, wetland, etc.):			
Narrative description of location:				
<b>Upland Problem Indicator Description</b>				
<input type="checkbox"/> Dumping	<input type="checkbox"/> Oil/solvents/chemicals			
<input type="checkbox"/> Wash water, suds, etc.	<input type="checkbox"/> Sewage			
	<input type="checkbox"/> Other: _____			
<b>Stream Corridor Problem Indicator Description</b>				
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:

No investigation made

Reason:

Referred to different department/agency:

Department/Agency:

Investigated: No action necessary

Investigated: Requires action

Description of actions:

Hours between call and investigation:

Hours to close incident:

Date case closed:

Notes: