MS4 LOGO

Illicit Discharge Investigation/Inspection Report

Date/time report rec'd:	Form completed by:

Reported by (name/address/telephone):

Caller's description of situation:

Within MS4 Area? ☐ No ☐ Yes	Site visit conducted: ☐ No ☐ Yes

☐ If site visit was <u>not</u> made, was caller be directed to another agency?
☐ No ☐ Yes, agency name: _____

Name(s) of City inspector(s):

Date/time of site visit:

Nature of Discharge: _____

Visual Observation: Color: _____ Odor: _____ Clarity or Turbidity: _____ Foam: _____

    Floating Solids: _____ Oil sheen: _____ Other Indicators: _____

In Storm Sewers? ☐ No ☐ Yes, discharges to:_____

Reported to IDEM? ☐ No ☐ Yes If yes, enter incident number: _____

Name of chemical/waste stream/material: _____ Quantity released: _____

Other agencies at site? ☐ EPA ☐ IDEM ☐ DHS ☐ FIRE DEPT ☐ POLICE ☐ IDOT ☐ Other (*please specify*): _____

PHOTO # 1	PHOTO # 2

Description of Incident (Include release location and cause. If additional space is needed, use back of form:

Name of Responsible Party: _____ Phone# _____

RP's Address: _____

Environmental Service Firm at site: ☐ No ☐ Yes, firm name: _____

Notification: ☐ US EPA-Region 5 ☐ IDEM ☐ DHS ☐ JCDEM ☐ Other (*please specify*): _____

Weather (*mark all that apply*): ☐ Runoff Occurring ☐ Dry ☐ <32☐ ☐ Has rained recently

If "has rained recently" was checked: Inches/Hr: _____ Duration (*during spill*)

: _____