

Stormwater IDDE Report & Response Form

I. Incident Report

Incident Number: _____

Date/Time: _____ AM / PM Received By: _____

Location: _____

Initial Report of Conditions: _____

Reported By: _____ Phone: _____

II. Investigation

Date: _____ By: _____

Location Description/Storm Drain ID/Outfall: _____

Discharge Entered Storm Drain System/Receiving Waters? ___ Yes ___ No

Material Type

- | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hazardous | <input type="checkbox"/> Sediment | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Oil/Grease | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Unknown |

Est. Quantity: _____

Additional Information: _____

Sample(s) Collected: ___ Yes ___ No

Photo(s) Taken: ___ Yes ___ No

Observed Land Use

- Residential
- Commercial/Industrial Stormwater Permit ___ Yes ___ No ___ Unknown
- Public

Direct/Constructed Connections Found? ___ Yes ___ No

Source Description: _____

Source/Responsible Party: _____

III. Action and Closure

Referred To: _____ Date: _____

Action Taken: _____

Date Closed: _____