

Appendix D

Example IC/ID Reporting Forms

WHITEWATER RIVER REGION

**ILLCIT CONNECTION / ILLEGAL DISCHARGE
INCOMING COMPLAINT FORM**

Received by: _____

Date: _____ Time Received: _____

Complaint Routed To: _____

I. REPORTING PARTY

NAME: _____ ANONYMOUS: YES NO
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____

II. INCIDENT

INCIDENT DATE: _____ TIME: _____
LOCATION or BUSINESS: _____
ADDRESS: _____ CITY: _____ ZIP: _____
DISCHARGE OCCURRING NOW: YES NO TRASH/DEBRIS: YES NO COLOR: _____ ODOR: _____
DETAILS: _____

AGENCIES CONTACTED BY REPORTING PARTY: HazMat Team RWQCB County Environmental Health Services
 City EPA Other _____

III. ALLEGED RESPONSIBLE PARTY/PARTIES (If known)

NAME: _____ BUSINESS: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE NO: _____ VEHICLE LICENSE NO: _____

IV. ACTION TAKEN

INVESTIGATION REQUIRED: YES NO REFERRED TO: _____
NAME: _____ AGENCY: _____
SIGNATURE: _____ DATE: _____

THIS FORM MUST BE ROUTED TO THE PERMITTEE'S RESPECTIVE NPDES SECTION

WHITEWATER RIVER REGION

ILLICIT CONNECTION / ILLEGAL DISCHARGE INVESTIGATION REPORT

RESPONSE TIME:

1-6 Hrs 12 Hrs 24 Hrs
48 Hrs Other: _____

I. RESPONSE

DATE: _____ TIME: _____
INVESTIGATOR: _____ PHONE: _____

II. INVESTIGATION

SITE LOCATION: _____ PARCEL NO: _____
NEAREST CROSS STREET: _____ CITY: _____ ZIP: _____
DESCRIPTION OF DISCHARGE: _____
Odor: _____ Color: _____ Stains or Residue: _____
Corrosion/Deterioration of Contacted Surface: _____ Other: _____
SUBSTANCES INVOLVED: Soil/Sediment Oil/Grease Organic Matter Sewage Trash/Debris
 Fuel (Gas/Diesel/Jet A) Chemicals _____ Other _____
TIME OF DISCHARGE: _____ ESTIMATED VOLUME OF DISCHARGE: _____
DISCHARGE DIRECTLY INTO RECEIVING WATERS: YES NO DISCHARGE TO STORM DRAIN: YES NO
INCIDENT OCCURRED: ON LAND IN WATER IN AIR
INVESTIGATION DETAILS: _____

PHOTOS TAKEN: YES NO [include photos]
DETAILS: _____

FIELD TESTING: YES NO SAMPLES COLLECTED: YES NO
DETAILS: _____

OTHER AGENCIES CONTACTED: HazMat Team RWQCB EPA Dept. of Fish & Game
 County Environmental Health Services Other _____
REASON FOR INVESTIGATION: Discharge/Spill Response OES Report # _____ Citizen Complaint
 Sewage Spill Visual Monitoring Construction Concern Industrial Concern

III. ACTION TAKEN

DETAILS: _____

NAME: _____ AGENCY: _____
SIGNATURE: _____ DATE: _____

WHITEWATER RIVER REGION

**ILLICIT CONNECTION / ILLEGAL DISCHARGE
RESPONSIBLE PARTY**

I. RESPONSIBLE PARTY

NAME: _____

ADDRESS: _____ PHONE: _____

RESPONSIBLE PARTY NOTIFIED: YES NO REPEAT VIOLATION: YES NO

CORRECTIVE ACTION REQUIRED: YES NO DISCHARGE STOPPED: YES NO

CORRECTION ACTION TO BE TAKEN: _____

CORRECTION REQUIRED BY THIS DATE: _____

RESPONSIBLE PARTY SIGNATURE: _____

II. OUTREACH MATERIAL

OUTREACH MATERIAL DISTRIBUTED:

None General Information BMP Document Construction Packet Industrial Packet

Other: _____

III. ENFORCEMENT

ENFORCEMENT: None Verbal Warning Door Hanger Written Warning

CEASE and DESIST ORDER: Verbal Written

OTHER ENFORCEMENT ACTIONS: _____

INVESTIGATOR'S NAME: _____ AGENCY: _____

SIGNATURE: _____ DATE: _____

IV. FOLLOW UP VISIT

DATE: _____ TIME: _____ INVESTIGATOR'S NAME: _____

DISCHARGE STOPPED: YES NO PROPER CLEAN-UP ACTION TAKEN: YES NO

Explain "No" answers: _____

FURTHER ACTION REQUIRED: YES NO

ADDITIONAL FOLLOW UP VISIT(S) REQUIRED: YES NO

DETAILS: _____