Appendix D

Example IC/ID Reporting Forms
WHITEWATER RIVER REGION

ILLEGAL DISCHARGE
INCOMING COMPLAINT FORM

Received by: __________________________
Date: ____________ Time Received: ____________

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 □ NOREFERRED TO: __________________________

NAME: __________________________ AGENCY: __________________________
SIGNATURE: __________________________ DATE: __________________________

THIS FORM MUST BE ROUTED TO THE PERMITTEE’S RESPECTIVE NPDES SECTION
WHITENWATER RIVER REGION

ILLICIT CONNECTION / ILLEGAL DISCHARGE
INVESTIGATION REPORT

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: ___________________________
WH IT EWA TER RIV ER REG ION
ILLICIT CONNECTION / ILLEGAL DISCHARGE
RESPONSIBLE PARTY

I. RESPONSIBLE PARTY

NAME: ____________________________ PHONE: ____________________________
ADDRESS: ____________________________
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: ____________________________