

Town of Bridgewater, MA

**ILLICIT DISCHARGE INCIDENT REPORTING FORM**

Incident ID			Logged By:		
Location, Nearest Street Address,:				Outfall #	
				Latitude	
				Longitude	
Reported by:				Date:	
Contact Info					
Discharge Type:	<input type="checkbox"/> Sewer Overflow <input type="checkbox"/> Sewer Connection		<input type="checkbox"/> Spill <input type="checkbox"/> Dumping		<input type="checkbox"/> Wash <input type="checkbox"/> Other
Incident Description:					
Area Impacted	<input type="checkbox"/> Stream/River (name) _____ <input type="checkbox"/> Upland (name) _____		<input type="checkbox"/> Wetland (near) _____ <input type="checkbox"/> Other _____		
Stormwater System Impacted	<input type="checkbox"/> Catchbasin (ID #) _____ <input type="checkbox"/> Drain Manhole (ID #) _____ <input type="checkbox"/> Surface Basin (ID #) _____		<input type="checkbox"/> Subsurface Basin (near) _____ <input type="checkbox"/> Outfall (ID #) _____ <input type="checkbox"/> None		
Recent Rain:					
Add. Info:					

**AREA ACTIVES – POSSIBLE CAUSE OF ISSUE**

Dumping:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil/Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sewerage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Septic System:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wash Water:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				Suds:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INDICATORS OF POTENTIAL ISSUES – FURTHER INVESTIGATION RECOMMENDED**

Odor:	<input type="checkbox"/> None <input type="checkbox"/> Sewer <input type="checkbox"/> Eggs <input type="checkbox"/> Petroleum <input type="checkbox"/> Laundry <input type="checkbox"/> Unknown			Floatables	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil Sheen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cloudy::	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				Suds:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SUSPECTED VIOLATOR KNOWN:  YES  NO**

Name		Address	
Description		License Plate	



## ILLICIT DISCHARGE INCIDENT INVESTIGATION REPORT FORM (CONT.)

### LOCATION MAP/SKETCH/PHOTOS

### RESPONSE ACTION(S)

Date Investigated:		Investigator:	
<input type="checkbox"/> No Investigation		Reason:	
<input type="checkbox"/> Referred to another Department		Department	
<input type="checkbox"/> Investigated – No Action Required	Action Description		
<input type="checkbox"/> Investigated – Action Required			
<input type="checkbox"/> Action Completed		Date:	
<input type="checkbox"/> Incident Closed		Date:	

Notes: