ILLICIT DISCHARGE REPORT FORM

Report Environmental Emergencies to IDEM: (888)-233-7745



Date:	Repo	rting Party:	O
Email:	Date:		
Phone: Anonymous Type of Discharge Known?	Name	:	
□ Anonymous Type of Discharge Known? □ No □ Yes, if yes please explain □ What type of incident do you wish to report? (Check all that apply) □ Dumping Down a Storm Drain □ Suspicious Discharge from a Pipe into a Stream □ Unusual Color of water in Stream □ Sediment Leaving Site □ Strange Smells in Stream □ Suspicious Suds or other Substances Floating on Water □ Death of Aquatic Creatures □ Other □ Where did the incident take place? Address (If Applicable): □ Name of Street: □ Name of Body of Water Impacted: □ Please Provide a brief description of the Illicit Discharge. □ Please Provide a brief description of the Illicit Discharge.	Emai	l:	
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	Name	of Body of Water Impacted:	
Date of incident:	Pleas	e Provide a brief description of the Illicit Discharge	
Date of incident:			
Dave of increasity	Date	of incident: Time of Incident:	

Please send this form along with any additional information and photographs to Bill Dials (<u>bdials@morgancounty.in.gov</u>) or you may also call 765-342-1064.

Or mail to:

Morgan County Surveyors Office ATTN: MS4 Coordinator 180 S. Main Street, Suite 010 Martinsville, IN 46151

ILLICIT DISCHARGE REPORT FORM



(FOR OFFICIAL USE ONLY)

This Portion is to be Completed by MS4 Staff Only

MS4 Staff Investigator:	Date of Investigation:
Type of Illicit Discharge:	
Location of Discharge:	
Responsible Party	
Name:	
Email:	
Address:	
Phone Number:	
Site Investigation/Situation:	
Other Agencies Contacted:	
Action Taken	
To Clean up and Remove Illicit Discharge Mate	rials:
To Prevent Reoccurrence:	