

ILLICIT DISCHARGE REPORT FORM
Report Environmental Emergencies to IDEM: (888)-233-7745



Reporting Party:

Date: _____

Name: _____

Email: _____

Phone: _____

- 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 Closest Cross Street: _____

Name of Body of Water Impacted: _____

Please Provide a brief description of the Illicit Discharge. _____

Date of incident: _____ **Time of Incident:** _____

Please send this form along with any additional information and photographs to Bill Dials
(bdials@morgancounty.in.gov) 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 Materials: _____

To Prevent Reoccurrence: _____

