



**Department of Environmental Quality and Public Works
Division of Water Quality
Illicit Discharge Investigation**

Lexcall #: _____ Accela Service Request: _____ Accela Work Order: _____

Date/Time: _____ DWS/VSA/WWS follow up? **Yes** **No**

Activity: _____ Watershed: _____ Inspector: _____

Reported by: _____ Contact Phone #: _____

Initial Address: _____

Initiation Comments:

Source Address: _____

Responsible Party: _____

Address: _____

Contact Person: _____

Phone: _____

Investigation Comments:

Investigation Results: _____ Spill? _____
Investigation Complete: Yes No Type of Discharge _____

Photos: _____

Enforcement Actions: _____

Enforcement Comments:

Deadline: _____

ERT Information:

Date/Time: _____ Incident #: _____ ERT Contact Person: _____

Sampling Data: Flow Volume _____ gpm/cfm Measurement Method _____

Parameter:					
Results:					