

DRAPER CITY
IDDE RESPONSE REPORT FORM

GENERAL INFORMATION

Date of Incident: _____ Time Notified: _____
Reported by: _____ Time Responded: _____

Type of Investigation: Discharge Spill Illicit Connection Other _____

RESPONDING AGENCIES

NAME OF REPRESENTATIVE

- | | |
|---|-------|
| <input type="checkbox"/> <u>Draper City Public Works/Code Enforcement</u> | _____ |
| <input type="checkbox"/> <u>Salt Lake County Health Department</u> | _____ |
| <input type="checkbox"/> <u>State of Utah DEQ</u> | _____ |
| <input type="checkbox"/> <u>Other:</u> | _____ |

INCIDENT INFORMATION

LOCATION OF INCIDENT

RESPONSIBLE PARTY

LATITUDE. _____ LONGITUDE _____

Unknown
Company Name _____
Company Rep. _____
Address _____

Chemical name or identity of any substance involved in the discharge _____

Did the substance discharge into a Storm Drain System? Yes No

Did the substance discharge in receiving water (creek, stream, canal, pond)? Yes No

FOLLOW UP

FOLLOW UP REQUIRED _____
ENFORCEMENT _____

DATE OF FOLLOW UP _____
CLOSED _____
DATE CLOSED _____

NOTES