

Event Record

Municipality: _____

Record E-

Permit #: _____

Event Description: _____

Event Date: _____ Observed by: _____

Type of Event (select all applicable items):

<input type="checkbox"/> Rain Event <input type="checkbox"/> Illicit Discharge <input type="checkbox"/> Non-stormwater Discharge	<input type="checkbox"/> Emergency Spill Response <input type="checkbox"/> BMP Failure <input type="checkbox"/> Other: _____
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Details of Event: _____

Information attached (i.e. photos, etc.)

<p>Planned Follow-up Action:</p> <input type="checkbox"/> Inspection <input type="checkbox"/> Activity <input type="checkbox"/> Enforcement <input type="checkbox"/> Remediation	<p>Other Notes:</p>
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Signature of Authorized Municipal Representative

Date

Printed Name of Authorized Municipal Representative