



Incident Investigation Report

Incident address or location: [Redacted]

Complaint: [Redacted]

Property Owner: [Redacted]

Inspector(s): [Redacted] Date/Time: [Redacted]

Incident Reported by: (Name / Title): [Redacted] Date/Time: [Redacted]

Complaint by: (Name): [Redacted] Phone# [Redacted] Fax: [Redacted]

Is site in combined sewer district? Yes No

If yes, was appropriate contact made with jurisdictional department? Yes No

Name of agency or person who took call: [Redacted]

If no, continue:

Was area fire department on site? Yes No

If yes, obtain a report from them within 24 hours.

If no, continue:

Material or substance spilled or found in storm water system: [Redacted]

Estimated quantity: [Redacted] gallons/pounds/volume indicator

Was the Saginaw Public Works office contacted? Yes No

Was the MDEQ contacted? Yes No

Incident contained? Yes No Describe: [Redacted]

Equipment Used: [Redacted]

Sample Taken? Yes No By Whom: [Redacted]

Source Identified? Yes No

Responsible Party(s) Name: [Redacted] Address: [Redacted] Phone #: [Redacted]

Disposition (Outcome) of Call: [Redacted]

copies to: Saginaw County Public Works Commissioner Spicer Group, Russ Beaubien Jurisdictional Municipality