

Town of Oriental HWAC Incident Report

Name of person reporting incident _____

Date Incident Discovered _____ Time of Incident Discovered _____

Weather Conditions (Temperature/Wind Speed-Direction/Cloudy/Sun/Precipitation)

Incident Location (Physical Address)

Affected area (Name of Creek/Harbor/River)

Description of Incident (Petroleum Sheen/Bio Waste/Other/Unknown)

Incident Details (Odor/Color/Size Length/Size Width/Direction)

Cause of Incident _____

Suspected Responsible Party _____

Impact (Fire/Environmental/Injuries/Evacuations/Closures) _____

Other comments/information _____

Report this incident to: National Response Center 1-800-424-8802

USCG MSD Ft. Macon 252-241-8096

SOUND RIVERS 252-402-5644 (Heather Deck)