CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:		Contact Phone Number:				
Date:		Time Discharge Discovered:				
Date of Last Rain Event:		Estimated Quantity of Rain:			in.	
LOCATION OF DISCHARGE (indicate nearby street intersections, addresses, and/or landmarks for reference):						
WHERE WAS DISCHARGE FOUND? OPEN I						
WAS WATER FLOW OBSERVED?		NO	YES			
WAS FLOW SOLID OR PULSING?		SOLID	PULSING			
WAS A PHOTO TAKEN? NO	YES	(Please atta	ch a copy to forn	n)		
ODOR: NONE MUSTY SEWAGE	ROT	TEN EGGS	SOUR MILK	OTHER:		
COLOR: CLEAR RED YELLOW	BROW	N GREEI	N GREY (OTHER:		
CLARITY: CLEAR CLOUDY OPA	AQUE					
WAS THERE AN: OILY SHEEN GARBAGE/SEW OTHER:	/AGE		NO NO			
ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:						

Follow up Investigation (to be completed by Towns OUTFALL NO: INSPECTOR NA		PHONE				
FIELD ANALYSIS: WATER TEMP: pH: PHENOL:°F / °C mg/l	CHLORINE (Total): COPPER: DETERGENTS:	mg/l mg/l mg/l				
WAS A LABORATORY SAMPLE COLLECTED? (if yes attach copy of chain-of-custody record) COMMENTS:	NO YES					
DATA SHEET FILLED OUT BY: (signature): DATE:						
Additional notes to file:						
Follow-up with Complainant:						