CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:	Name: Contact Phone Number:			
Date:	Tir	ne Discharge Discovered	:	
Date of Last Rain Event: Estimated Quantity of Rain:				
LOCATION OF DISCHARG	GE (indicate nearby stre	et intersections, address	es, and/or landmarks for	
WHERE WAS DISCHARGE	E FOUND? OPEN DITCH	STREAM PIPE OU	TFALL OTHER:	
WAS WATER FLOW OBSE	ERVED?	NO YES		
WAS FLOW SOLID OR PU	LSING?	SOLID PULSI	NG	
WAS A PHOTO TAKEN?	NO YES	(Please attach a copy	to form)	
ODOR: NONE MU	STY SEWAGE RO	OTTEN EGGS SOUR N	TILK OTHER:	
COLOR: CLEAR RE	D YELLOW BRO	WN GREEN GRE	Y OTHER:	
CLARITY: CLEAR C	LOUDY OPAQUE			
WAS THERE AN:	OILY SHEEN GARBAGE/SEWAGE OTHER:	YES YES	NO NO	
Follow up Investigation (to b	e completed by staff)INSPECTOR NAM	E	PHONE	
FIELD ANALYSIS: WATER TEMP: pH: PHENOL:	%F / %C mg/l	CHLORINE (Total): COPPER: DETERGENTS:	mg/lmg/lmg/l	
WAS A LABORATORY SAI (if yes attach copy of chain-c		NO YES		
DATA SHEET FILLED OUT	BY: (signature):		DATE:	
Additional notes to file:		PRESS.	The second second	
Follow-up with Complainant:				
		74.500 - 20.000		