CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:				_ Conta	Contact Phone Number:				
Date:					Time Discharge Discovered:				
Date of Last Rain Event:					Estimated Quantity of Rain:				
LOCATION OF DISCHARGE (indicate nearby street intersections, addresses, and/or landmarks for reference):									
WHERE W	AS DISCHA	RGE FOU	ND? OPEN E	ОІТСН			L OTHER:		
WAS WATER FLOW OBSERVED?					NO	YES			
WAS FLOW SOLID OR PULSING?					SOLID	PULSING			
WAS A PHOTO TAKEN? NO			YES	(Please atta	ich a copy to fo	rm)			
ODOR:	NONE	MUSTY	SEWAGE	ROT	FEN EGGS	SOUR MILK	OTHER:		
COLOR:	CLEAR	RED	YELLOW	BROW	N GREE	N GREY	OTHER:		
CLARITY:	CLEAR	CLOUD	Y OPA	QUE					
WAS THERE AN:		OILY SHEEN GARBAGE/SEWAGE OTHER:		AGE	YES YES	-			

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:

Follow up Investigation (to be completed by CCD statement OUTFALL NO: INSPECTOR NAME								
FIELD ANALYSIS:WATER TEMP:pH:PHENOL:mg/l	CHLORINE (Total): mg/l COPPER: mg/l DETERGENTS: 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):								
Additional notes to file:								