

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 (INDICATED NEARBY STREET INTERSECTIONS, ADDRESSES, AND/OR LANDMARKS FOR REFERENCE): _____

WHERE WAS DISCHARGE FOUND? OPEN DITCH STREAM PIPE OUTFALL OTHER: _____

WAS WATER FLOW OBSERVED? YES NO

WAS FLOW SOLID OR PULSING? SOLID PULSING

WAS A PHOTO TAKEN? YES NO (if yes, please attach copy to form)

ODOR? NONE MUSTY SEWAGE ROTTEN EGGS SOUR MILK OTHER: _____

COLOR? CLEAR RED YELLOW BROWN GREEN GREY OTHER: _____

CLARITY? CLEAR CLOUDY OPAQUE

WAS THERE ANY: OILY SHEEN? YES NO
GARBAGE/SEWAGE? YES NO
OTHER: _____

ADDITIONAL INFORMATION TO ASSIST IN INVESTIGATION: _____

FOLLOW UP INVESTIGATION (TO BE COMPLETED BY MUNICIPAL STAFF)

OUTFALL #: _____ INSPECTOR NAME: _____ PHONE: _____

FIELD ANALYSIS: WATER TEMP: _____ °F / °C pH: _____ PHENOL: _____ mg/l
 CHLORINE (TOTAL): _____ mg/l COPPER: _____ mg/l DETERGENTS: _____ mg/l

WAS A LABORATORY SAMPLE COLLECTED? YES NO (if yes, attach copy of chain of custody record)

COMMENTS & NOTES: _____

DATA SHEET COMPLETED BY: signature _____ DATE: _____

FOLLOW-UP WITH COMPLAINANT: _____
