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):	
WAS WATER FLOW OBSERVED?	NO YES .
WAS FLOW SOLID OR PULSING?	SOLID PULSING
WAS A PHOTO TAKEN? NO	YES (Please attach a copy to form)
ODOR: NONE MUSTY SEWAGE	ROTTEN EGGS SOUR MILK OTHER:
COLOR: CLEAR RED YELLOW	BROWN GREEN GREY OTHER:
CLARITY: CLEAR CLOUDY OP	PAQUE
WAS THERE AN: OILY SHEEN GARBAGE/SE\ OTHER:	
	THE INVESTIGATION:
Follow up Investigation (to be completed by COUTFALL NO: INSPECTO	
FIELD ANALYSIS: WATER TEMP:	COPPER: mg/l
WAS A LABORATORY SAMPLE COLLECTI (if yes attach copy of chain-of-custody record) COMMENTS:	
DATA SHEET FILLED OUT BY: (signature): Additional notes to file:	: DATE:
Follow-up with Complainant:	