

West Mifflin MS4 Illicit Discharge Complaint Form

Reporter Information-

ANONYMOUS (please check if you wish to remain anonymous)

if you wish to remain anonymous please be aware that we will have no way to contact you about your complaint

Name: _____

Address: _____

Phone Number: _____

Email: _____

Location Information-

Location: _____

Closest Street/Landmark: _____

Incident Time: _____

Incident Date: _____

Description: _____

Was a commercial business, vehicle, or specific person involved? (please circle) **YES** or **NO**

If YES, what is the company name, license plate number, or specific persons name? _____

Please describe the following:

ODOR-

None Musty Sewage Rotten Eggs/Natural Gas Gasoline Oil Other: _____

CLARITY-

Clear Opaque Cloudy Grey Sheen

COLOR-

Red Yellow Brown Green Grey White Other: _____

SOLIDS OR FLOATABLES –

Garbage Sewage Tissue Suds Scum Other: _____

