

EDWARDSVILLE BOROUGH
MS4 STORMWATER ILLICIT DISCHARGE REPORTING FORM
CITIZEN COMPLAINT 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): _____

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

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 OPAQUE

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

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION: _____

Follow up Investigation (to be completed by CCD staff)
OUTFALL NO: _____ **INSPECTOR NAME** _____ **PHONE** _____

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

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

COMMENTS: _____

DATA SHEET FILLED OUT BY: (signature): _____ **DATE:** _____

Additional notes to file: _____

Follow-up with Complainant: _____

