CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:	me: Contact Phone Number:					
Date:		Time Discharge D	iscovered:			
Date of Last Rain Eve	ent:	Estimated	Estimated Quantity of Rain:			
	HARGE (indicate nearb					
WHERE WAS DISCH	ARGE FOUND? OPEN I	DITCH STREAM	PIPE OUTFALL	OTHER:		
WAS WATER FLOW	OBSERVED?	NO	YES			
WAS FLOW SOLID O	R PULSING?	SOLID	PULSING			
WAS A PHOTO TAKE	EN? NO	YES (Please atta	ach a copy to form)			
ODOR: NONE	MUSTY SEWAGE	ROTTEN EGGS	SOUR MILK	OTHER:		
COLOR: CLEAR	RED YELLOW	BROWN GREE	N GREY OT	HER:		
CLARITY: CLEAR	CLOUDY OPA	AQUE				
WAS THERE AN:	OILY SHEEN GARBAGE/SEW OTHER:					
	MATION TO ASSIST IN		:			
	n (to be completed by tov INSPECTOR			_PHONE		
FIELD ANALYSIS: WATER TEMP: pH: PHENOL:	°F /	°C CHLORINE COPPER: DETERGEN		mg/l mg/l mg/l		
(if yes attach copy of c	RY SAMPLE COLLECTE chain-of-custody record)					
	O OUT BY: (signature):			_ DATE:		
Additional notes to file	:					
Follow-up with Compla	ainant:					