CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name: Contact Pho	one Number & Email Address:
Date of Complaint:	Time Discharge Discovered:
Date of Last Rain Event:	Estimated Quantity of Rain: inches
LOCATION OF DISCHARGE (indicate nearby	street intersections, addresses, and/or landmarks for reference):
WHERE WAS DISCHARGE FOUND? OPEN D	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 OPA	AQUE
WAS THERE AN: OILY SHEEN	YES NO
GARBAGE/SEW OTHER:	
ADDITIONAL INFORMATION:	
Follow up Investigation (to be completed by City of OUTFALL NO: INSPECTOR	R NAMEPHONE
FIELD ANALYSIS:	
WATER TEMP: °F / °C pH:	CHLORINE (Total): mg/l COPPER: mg/l
PHENOL: mg/l	DETERGENTS: mg/l
WAS A LABORATORY SAMPLE COLLECTE (if yes attach copy of chain-of-custody record)	ED? NO YES
COMMENTS:	
DATA SHEET FILLED OUT BY: (signature):	DATE:
Additional notes to file:	
Follow-up with Complainant:	