## CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:		Contact Phone Number:
Date:		Time Discharge Discovered:
Date of Last Rain Event:		Estimated Quantity of Rain: in.
		by street intersections, addresses, and/or landmarks for
WHERE WAS DISCHA	ARGE FOUND? OPEN [	N 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 attach a copy to form)
ODOR: NONE	MUSTY SEWAGE	E ROTTEN EGGS SOUR MILK OTHER:
COLOR: CLEAR	RED YELLOW	BROWN GREEN GREY OTHER:
CLARITY: CLEAR	CLOUDY OPA	PAQUE
WAS THERE AN:	OILY SHEEN GARBAGE/SEW OTHER:	
		N THE INVESTIGATION:
	n (to be completed by CC INSPECTOR	DR NAMEPHONE
FIELD ANALYSIS: WATER TEMP: pH: PHENOL:	°F /	COPPER: mg/l
(if yes attach copy of c		
DATA SHEET FILLED  Additional notes to file:		): DATE:
——————————————————————————————————————		
Follow-up with Compla	ninant:	