CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:		Contact Phone Number:	
Date:		Time Discharge Discovered:	
Date of Last Rain Event:		Estimated Quantity of Rain:	
reference):		y street intersections, addresses, and/o	
	SCHARGE FOUND? OPEN		OTHER:
WAS WATER FL	OW OBSERVED?	NO YES	
WAS FLOW SOL	LID OR PULSING?	SOLID PULSING	
WAS A PHOTO	TAKEN? NO	YES (Please attach a copy to form)	
ODOR: NON	E MUSTY SEWAGE	ROTTEN EGGS SOUR MILK C	OTHER:
COLOR: CLE	AR RED YELLOW	BROWN GREEN GREY OT	HER:
CLARITY: CL	EAR CLOUDY OP	AQUE	
WAS THERE AN	OILY SHEEN GARBAGE/SE\ OTHER:		
ADDITIONAL IN	FORMATION TO ASSIST IN	THE INVESTIGATION:	
	gation (to be completed by C	CD staff) R NAME	_PHONE
FIELD ANALYSI WATER TEMP: pH: PHENOL:	<u>S</u> :°F /mg/	COPPER:	mg/l mg/l mg/l
(if yes attach cop	ATORY SAMPLE COLLECTE y of chain-of-custody record)		
			DATE:
Additional notes t	o file:		
Follow-up with Co	omplainant:		