

CITIZEN COMPLAINT ILLEGAL DISCHARGE REPORTING 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

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: _____ (VOL.) _____ mg/l CUPPER: _____

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: