

CITIZEN COMPLAINT ILLICIT 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 _____ YES _____ NO _____
 GARBAGE/SEWAGE _____ YES _____ NO _____
 OTHER: _____

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION: _____

<i>Follow up Investigation (to be completed by CCD staff)</i>			
OUTFALL NO: _____	INSPECTOR NAME _____	PHONE _____	
FIELD ANALYSIS:			
WATER TEMP: _____ °F / °C	CHLORINE (Total): _____	mg/l	
pH: _____	COPPER: _____	mg/l	
PHENOL: _____ mg/l	DETERGENTS: _____	mg/l	
WAS A LABORATORY SAMPLE COLLECTED? _____		NO _____	YES _____
<small>(if yes attach copy of chain-of-custody record)</small>			
COMMENTS: _____ _____ _____			
DATA SHEET FILLED OUT BY: (signature) _____		DATE: _____	
Additional notes to file: _____ _____ _____			
Follow-up with Complainant: _____ _____ _____			