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:

________________________________________________________________________________________

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: __________________ mg/l COPPER ___________ mg/l

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: ___________________________