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 CTRD or LCSMC staff)
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
(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: _____

_____

_____

CUBA TOWNSHIP
ROAD DISTRICT