## CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

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 DISCH	ARGE FOUN								
WAS WATER FLOW OBSERVED?			NO		YES				
WAS FLOW SOLID OR PULSING?			SOI	SOLID PULSING					
WAS A PHOTO TAK	EN? NO	)	YES (Ple	ease atta	ch a copy	to form	)		
ODOR: NONE	MUSTY	SEWAGE	ROTTEN	EGGS	SOUR M	ILK	OTHER:		
COLOR: CLEAR	RED Y	ELLOW F	BROWN	GREE	N GRE	Y O	THER: _		
<b>CLARITY</b> : CLEAR	CLOUDY	OPAQ	UE						
WAS THERE AN:	GARI	SHEEN BAGE/SEWAG ER:		YES YES		NO NO			
	GARI OTHI <b>MATION TO A</b>	BAGE/SEWAGER:	IE INVESTI	YES <b>GATION</b>	:	NO			
ADDITIONAL INFOR	GARI OTHI MATION TO A	BAGE/SEWAGER:  ASSIST IN TH	IE INVESTI	YES	-	NO			
Follow up Investigatio OUTFALL NO: FIELD ANALYSIS: WATER TEMP: pH:	GARI OTHI MATION TO A n (to be compa	BAGE/SEWAGER:  ASSIST IN TH	staff) NAME  C CHI	YES	: (Total):	NO		E	
Follow up Investigatio OUTFALL NO: FIELD ANALYSIS: WATER TEMP: pH: PHENOL: WAS A LABORATOR (if yes attach copy of the	GARIOTHIE MATION TO A	BAGE/SEWAGER:	staff) NAME  C CHI COI DET	YES  GATION  LORINE PPER:	: (Total):	NO	PHONI	E _ mg/l _ mg/l	
Follow up Investigatio OUTFALL NO:  FIELD ANALYSIS: WATER TEMP: pH: PHENOL: WAS A LABORATOF (if yes attach copy of or COMMENTS:	GARI OTHE MATION TO A  In (to be composed to be com	BAGE/SEWAGER:  ASSIST IN THE STATE OF THE STATE O	staff) NAME C CHI COI DET	CATION  LORINE PPER: TERGEN	(Total): TS: YES	NO	PHONI	E mg/l mg/l mg/l	
Follow up Investigatio OUTFALL NO: FIELD ANALYSIS: WATER TEMP: pH: PHENOL: WAS A LABORATOR (if yes attach copy of comparison or continuous processes)	GARI OTHE MATION TO A  In (to be composed to be com	BAGE/SEWAGER:  ASSIST IN THE STATE OF THE STATE O	staff) NAME C CHI COI DET	CATION  LORINE PPER: TERGEN	(Total): TS: YES	NO	PHONI	E mg/l mg/l mg/l	