# 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: _____ 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: _____

_____

_____