CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

				_ Conta	Contact Phone Number: Time Discharge Discovered:					
				_ Time						
Date of Last Rain Event:					Estimated Quantity of Rain:					
LOCATION OF DISCHARGE (indicate nearby street intersections, addresses, and/or landmarks for reference):										
			ND? OPEN D				L OTHER:			
WAS WATER FLOW OBSERVED?					NO	YES				
WAS FLOW SOLID OR PULSING?					SOLID	PULSING				
WAS A PHOTO TAKEN? NO			YES	(Please atta	ich a copy to fo	rm)				
ODOR:	NONE	MUSTY	SEWAGE	ROT	TEN EGGS	SOUR MILK	OTHER:			
COLOR:	CLEAR	RED	YELLOW	BROW	N GREE	N GREY	OTHER:			
CLARITY:	CLEAR	CLOUD	Y OPA	QUE						
WAS THERE AN:		OILY SHEEN GARBAGE/SEWAGE OTHER:		AGE	YES YES	NC				

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:

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