CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

WAS FLOW SOLID OR 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
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 OTHER: OTHER:
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 OTHER: OT
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WAS THERE AN: OILY SHEEN GARBAGE/SEWAGE OTHER: OTHER:
GARBAGE/SEWAGE YES NO OTHER:
ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION.
Follow up Investigation (to be completed by CCD staff) OUTFALL NO: INSPECTOR NAMEPHONE
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: