CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:				Contact Phone Number:				
Date:				Time Disc	harge Dis	scovered: _		
Date of Last Rain Event:					Estimated Quantity of Rain:			
LOCATION reference)):		dicate nearby st					
WHERE W	IAS DISCH	ARGE FOU	JND? OPEN DITO	CH STF	EAM I	PIPE OUTFA	LL OTHE	R:
WAS WATER FLOW OBSERVED?						YES		
WAS FLOW SOLID OR PULSING?					.ID	PULSING		
WAS A PH	OTO TAKE	:N? N	NO YE	ES (Ple	ase attac	h a copy to fo	orm)	
ODOR:	NONE	MUSTY	SEWAGE	ROTTEN	EGGS	SOUR MILK	OTHER:	
COLOR:	CLEAR	RED	YELLOW BF	ROWN	GREEN	GREY	OTHER: _	
CLARITY:	CLEAR	CLOUD	OY OPAQUE	E				
WAS THERE AN: OILY SHEEN GARBAGE/SEWAG OTHER:			E	YES YES				
			ASSIST IN THE					
OUTFALL	NO:		INSPECTOR NA	ME			PHONE	
FIELD ANALYSIS: WATER TEMP:			COP	ORINE (T PER: ERGENT:	PORTECUE		_ mg/l _ mg/l _ mg/l	
	ch copy of ch		tody record)	NO		YES		APT
DATA SHEET FILLED OUT BY: (signature):					- 1- A		DATE	
Additional n	otes to file:							4
Follow-up w	vith Complai	nant:						
				100 A 1	2 2 2 3 4 4 4 5 4 5 4 5 4 5 4 5 6 5 6 5 6 5 6 5			
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