## CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Name:				_ Conta	Contact Phone Number:					
Date:				_ Time	_ Time Discharge Discovered:					
Date of Last Rain Event:					Estimated Quantity of Rain:					
LOCATION OF DISCHARGE (indicate nearby street intersections, addresses, and/or landmarks for reference):										
						PIPE OUTFAL				
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	ROT	FEN EGGS	SOUR MILK	OTHER:			
COLOR:	CLEAR	RED	YELLOW	BROW	N GREE	N GREY	OTHER:			
CLARITY:	CLEAR	CLOUD	Y OPA	QUE						
WAS THERE AN:		GA	OILY SHEEN GARBAGE/SEWAGE OTHER:		YES YES	NO NC				

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:

Follow up Investigation (to be completed by Plainfield To OUTFALL NO: INSPECTOR NAME		_PHONE
FIELD ANALYSIS:      WATER TEMP:    °F / °C      pH:       PHENOL:	COPPER:	mg/l mg/l 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):    Additional notes to file:		_ DATE:
Follow-up with Complainant:		