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? YES NO .

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:

_____

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