STORMWATER POLLUTION COMPLAINT
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? 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
GARBAGE/SEWAGE	YES	NO
OTHER: _____		

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION: _____
_____
_____

Follow up Investigation (to be completed by CCD staff)
OUTFALL NO: _____ **INSPECTOR NAME** _____**PHONE** _____

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: _____
_____
_____