## CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

WAS WATER FLOW OBSERVED?  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  WAS THERE AN:  OILY SHEEN  GARBAGE/SEWAGE  OTHER:  OTHER:  OTHER:  Follow up Investigation (to be completed by CCD staff)  OUTFALL NO:  INSPECTOR NAME  PHONE  FIELD ANALYSIS:  WATER TEMP:  "F / "C CHLORINE (Total):  mg/l	Name:		Con	Contact Phone Number:					
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 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:	Date:		Time	e Discharge [	Discovered:	i			
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 PHENOL: mg/l DETERGENTS: mg/l  WAS A LABORATORY SAMPLE COLLECTED? NO YES  COMMENTS:  DATA SHEET FILLED OUT BY: (signature): DATE: Additional notes to file:	Date of Last Rain I	Event:		Estimate	d Quantity	of Rain:	ir		
WAS WATER FLOW OBSERVED?  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  CLEAR  CLOUDY  OPAQUE  WAS THERE AN:  OILY SHEEN  GARBAGE/SEWAGE  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:  pH:  COPPER:  mg/l  DETERGENTS:  mg/l  WAS A LABORATORY SAMPLE COLLECTED?  (If yes attach copy of chain-of-custody record)  COMMENTS:  DATA SHEET FILLED OUT BY: (signature):  DATE:  Additional notes to file:	reference):								
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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  FIELD ANALYSIS: WATER TEMP: °F / °C CHLORINE (Total): 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:	ODOR: NONE	MUSTY	SEWAGE RO	TTEN EGGS	SOUR M	ILK OTHER:			
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GARBAGE/SEWAGE OTHER: NO OTHER: ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:  Follow up Investigation (to be completed by CCD staff) OUTFALL NO:	CLARITY: CLEA	R CLOUD	Y OPAQUE						
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Additional notes to file:	(if yes attach copy of	of chain-of-custo	ody record)	NO	YES				
Follow-up with Complainant:		iie							
	Follow-up with Com	plainant:							