

CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

Send completed form to: Permit Chief, Water Management Program at Northeast Office Penn Env. Protection
2 Public Square, Wilkes-Barre, PA 18711-0790

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: _____ PH: _____

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: _____

