

CITIZEN COMPLAINT FORM FOR ILLICIT CHARGES

SEND COMPLETED FORM TO:

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

NAME: DATE: DATE OF LAST RAIN EVENT:					
		LOCATION OF DISCHARGE:			
	(indicate nearby str	reet intersections, a	ddresses, and/or l	andmarks for reference)	
WHERE WAS DISCHARGE FOUND?	□ OPEN DITCH □ OTHER:	□ STREAM	□ PIPE	□OUTFALL	
WAS WATER FLOW OBSERVED?	□ NO	□ YES			
WAS FLOW SOLID OR PULSING?	\square SOLID	□ PULSING			
WAS A PHOTO TAKEN?	\square NO	☐ YES (please attach a copy to this form)			
ODOR:	□ NONE □ OTHER:	□ MUSTY	□ SEWAGE	□ ROTTEN EGGS □ SOUR MILK	
COLOR:	□ CLEAR □ OTHER:	□ RED	☐ YELLOW	□ BROWN □ GREEN □ GREY	
CLARITY:	□ CLEAR □ OTHER:	□ CLOUDY	□ OPAQUE		
WAS THERE:	OILY SHEEN ☐ OTHER:	□NO	□ YES GAR	BAGE/SEWAGE □ NO □ YES	
ADDITIONAL INFORMATION TO ASSI			eted by CCD St	aff) —————	
OUTFALL:	WATER TEMP:			PH:	
FIELD ANALYSIS WATER TEMP: Ph: PHENOL		°F / °C COPP	PRINE (Total): ER: RGENTS:	mg/l mg/l mg/l	
WAS A LABORATORY SAMPLE CO. COMMENTS:	LLECTED? □ NO	☐ YES (if yes, a	attach copy of cha	in-of-custody record)	
DATA SHEET FILLED OUT BY:	(Signature)			DATE:	
ADDITIONAL NOTES TO FILE:					
FOLLOW HIS WITH COMPLANT					
FOLLOW UP WITH COMPLAINANT:					