

ILLCIT 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 SOILD 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:
