CITIZEN COMPLAINT ILLICIT DISCHARGE REPORTING FORM

*In case of emergency, Name:	Contac	Contact Phone Number:				
Date:	Time Di	Time Discharge Discovered: Estimated Quantity of Rain:				
Date of Last Rain Ever						
LOCATION OF DISCH						
WHERE WAS DISCHA				PIPE OUTF		AD
WAS WATER FLOW C	BSERVED?	N	10	YES		
WAS FLOW SOLID OR PULSING?			SOLID PULSING			
WAS A PHOTO TAKE	N? NO	YES	(Please attach	n a copy to for	m)	
ODOR: NONE	MUSTY SEWAGE	ROTTE	EN EGGS	SOUR MILK	OTHER: _	
COLOR: CLEAR	RED YELLOW	BROWN	GREEN	GREY	OTHER:	
CLARITY: CLEAR	CLOUDY OP	PAQUE				
WAS THERE AN:	OILY SHEEN GARBAGE/SE ^V OTHER:		YES YES	NO NO		
Report suspicious discharges AM to 4 PM), e-mail complete Middlesex Rd., Carlisle, PA 17	ed form to MS4Coordinator					
Follow up Investigation (OUTFALL NO:	to be completed by Mi	ddlesex Tow R NAME	nship.)		PHONE	
FIELD ANALYSIS: WATER TEMP: oH: PHENOL:		/ °C	CHLORINE (COPPER: DETERGENT			mg/l mg/l mg/l
WAS A LABORATORY (if yes attach copy of cha						
			DATE:			
Additional notes to file:						
Follow-up with Complai	nant:					