CITIZEN COMPLAINT
ILLICIT 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 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
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: _____

_____

_____

Email to: info@boroughofavalon.org with photos or mailed to 640 California Ave., Pittsburgh, PA 15202