LAFLIN BOROUGH MS4 STORMWATER ILLICIT DISCHARGE REPORTING FORM CITIZEN COMPLAINT FORM

Name: C	Contact Phone Number:
Date: T	Fime 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 DITC	CH STREAM PIPE OUTFALL OTHER:
WAS WATER FLOW OBSERVED?	NO YES .
WAS FLOW SOLID OR PULSING?	SOLID PULSING
WAS A PHOTO TAKEN? NO YE	ES (Please attach a copy to form)
ODOR: NONE MUSTY SEWAGE	ROTTEN EGGS SOUR MILK OTHER:
COLOR: CLEAR RED YELLOW BE	ROWN GREEN GREY OTHER:
CLARITY: CLEAR CLOUDY OPAQU	E
WAS THERE AN: OILY SHEEN GARBAGE/SEWAGI OTHER:	YES NO E YES NO
ADDITIONAL INFORMATION TO ASSIST IN THE	EINVESTIGATION:
Follow up Investigation (to be completed by CCD stout of the complete st	taff) AMEPHONE
FIELD ANALYSIS: WATER TEMP: °F / °C pH: mg/l	CHLORINE (Total): mg/l COPPER: mg/l DETERGENTS: mg/l
WAS A LABORATORY SAMPLE COLLECTED? (if yes attach copy of chain-of-custody record) COMMENTS:	NO YES
DATA SHEET FILLED OUT BY: (signature):	DATE:
Additional notes to file:	
Follow-up with Complainant:	