EAST DONEGAL TOWNSHIP
CITIZEN COMPLAINT
ILLICIT DISCHARGE REPORTING FORM

Name: _____ **Contact Phone Number:** _____

Date: _____ **Time Discharge Discovered:** _____

Date of Last Rain Event: _____ **Estimated Quantity of Rain:** _____

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:	YES	NO
SEWAGE:	YES	NO
OTHER: _____		

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:

_____

_____

_____

_____

Please complete this form and fax it to 717-426-4881 or mail to East Donegal Township, 190 Rock Point Road, Marietta PA 17547