

**SALISBURY TOWNSHIP  
CITIZEN COMPLAINT  
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 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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_