CHADDS FORD TOWNSHIP ILLICIT DISCHARGE COMPLAINT FORM

Name:		Contact Phone Number: Time Discharge Discovered:						
Date:								
Date of Last Rain E	vent:		Estimated Quantity of Rain:					
LOCATION OF DISCHARGE (indicate nearby street intersections, addresses, and/or landmarks for reference):								
WHERE WAS DISC		ND? OPEN D	DITCH	STREAM	PIPE OUT	FALL	OTHER:	
WAS WATER FLOW OBSERVED?				NO	YES		•	
WAS FLOW SOLID OR PULSING?				SOLID	PULSI	١G		
WAS Α ΡΗΟΤΟ ΤΑΙ	YES	(Please attach a copy to form)						
ODOR: NONE	MUSTY	SEWAGE	ROT	TEN EGGS	SOUR M	ILK (OTHER:	
COLOR: CLEAR	RED	YELLOW	BROW	N GREE	EN GRE	Y OT	THER:	
CLARITY: CLEA	R CLOUD	Y OPA	QUE					
WAS THERE AN: OILY SHEEN GARBAGE/SEWAC OTHER:				YES YES		NO NO		
ADDITIONAL INFOR								
Follow up Investigati	ion (to be com	oleted by CC	D staff)				_PHONE	
FIELD ANALYSIS: WATER TEMP: pH: PHENOL:		°F / mg/l	°C	CHLORINE COPPER: DETERGEN				mg/l mg/l mg/l
WAS A LABORATO (if yes attach copy of COMMENTS:			D?	NO	YES			
DATA SHEET FILLE Additional notes to fi		(signature):						
Follow-up with Comp	blainant:							