## WEST EARL TOWNSHIP ILLICIT DISCHARGE REPORTING FORM

Name:		Cont	Contact Phone Number:				
Date:		Time	Time Discharge Discovered:				
Date of Last Rain B		Estimated Quantity of Rain:					
reference):		cate nearby street					
		ID? OPEN DITCH					
WAS WATER FLOW OBSERVED?			NO	YES			
WAS FLOW SOLID	SOLID	PULSIN	IG				
WAS A PHOTO TA	KEN? NO	YES	(Please att	ach a copy to	o form)		
ODOR: NONE	MUSTY	SEWAGE ROT	TEN EGGS	SOUR MI	LK OTHER:		
COLOR: CLEAR	RED	YELLOW BROW	/N GREI	EN GREY	OTHER: _		
CLARITY: CLEA	R CLOUD	OPAQUE					
WAS THERE AN: OILY SHEEN GARBAGE/SEWA			YES NO YES NO				
		ASSIST IN THE INV					
Follow up Investigation OUTFALL NO:		oleted by staff) NSPECTOR NAME			PHON	E	
FIELD ANALYSIS: WATER TEMP: pH: PHENOL:		°F / °C mg/l	CHLORINE COPPER: DETERGEI			mg/l mg/l mg/l	
WAS A LABORATO (if yes attach copy of COMMENTS:	of chain-of-custo		NO	YES			
DATA SHEET FILL							
Additional notes to f	ile:						
Follow-up with Com	plainant:						