

**HANOVER TOWNSHIP  
CITIZEN COMPLAINT  
ILLICIT 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<i>Follow up Investigation (to be completed by CCD staff)</i>			
OUTFALL NO:	INSPECTOR NAME	PHONE	
<b>FIELD ANALYSIS:</b>			
WATER TEMP: _____ °F / °C	CHLORINE (Total): _____	mg/l	
pH: _____	COPPER: _____	mg/l	
PHENOL: _____ mg/l	DETERGENTS: _____	mg/l	
<b>WAS A LABORATORY SAMPLE COLLECTED?</b>	NO	YES	
(if yes attach copy of chain-of-custody record)			
<b>COMMENTS:</b>			
_____			
_____			
_____			
<b>DATA SHEET FILLED OUT BY:</b> (signature): _____	<b>DATE:</b> _____		
Additional notes to file: _____			
_____			
_____			
Follow-up with Complainant: _____			
_____			
_____			