

STORMWATER COMPLAINT FORM

I. Incident Report

Date/Time: _____ AM/PM Received By: _____

Location: _____

Initial Report of Conditions: _____

II. Investigation

Date: _____ By: _____

Storm Drain location/Outfall: _____

Entered Storm Drain System/Receiving Waters: YES _____ NO _____

Material Type:

<input type="checkbox"/> Hazardous	<input type="checkbox"/> Sediment
<input type="checkbox"/> Wastewater	<input type="checkbox"/> Oil/Grease
<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown

Estimated Quantity: _____ Additional Information _____

Observed Land Use:

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Public
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Stormwater Permit: YES _____ NO _____

Direct/Constructed Connections Found? YES _____ NO _____

Description: _____

Source/Responsible Party: _____

III. Action & Closure

Referred to: _____ Date: _____

Action Taken: _____

Date Closed: _____