

**Manor Township
Citizen Stormwater Complaint and Illicit Discharge Reporting Form**

Name: _____ Contact Phone Number: _____

Date: _____ Time Discharge Discovered: _____

Date of Last Rain Event: _____ Estimated Rainfall: _____

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: Oily sheen No Yes

 Garbage No Yes

 Sewage No Yes

Additional Information _____
