
ILLICIT DISCHARGE REPORT FORM

Report Date: _____ Report Time: _____(AM) (PM)

Name: _____ Phone: _____

Email: _____

What type of incident do you wish to report? (Check all that Apply)

- Dumping Down a Storm Drain
- Suspicious Discharge from a Pipe into a Stream
- Unusual Color of Water in Stream
- Strange Odors in Stream
- Suspicious Suds or other Substances Floating on Water
- Death of Aquatic Creatures
- Other _____

Where did the incident take place?

Address (if Applicable) _____

Name of Street _____

Name of Cross Street _____

Body of Water Impacted (if known) Brush Creek Turtle Creek BY Lake Other _____

Please provide a descriptions of the area affected to help us locate the site.

Date of Incident: _____ Time of Incident _____(AM) (PM)

Please send this form along with any additional information and photographs to the Trafford Borough

Administrative Office:

Email : boroughmanager@traffordborough.com .

FAX: 412-372-7654

Phone: 412 372-7652

Mail: Trafford Borough
Attention: MS4
414 Brinton Avenue
Trafford, PA 15085