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 description 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