

East Cocalico Township

100 Hill Road, Denver, PA 17517
Phone: (717) 336-1720 Fax: (717) 336-1724

E-mail: Twp@ECT.town Website: www.ECT.town

Name: _____ Phone: _____

E-Mail: _____ Cell Phone: _____

Date: _____ Time Discharge Discovered: _____

Date of Last Rain Event: _____ Estimated Quantity of Rain: _____ in.

LOCATION OF DISCHARGE (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 of photo 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: _____

Follow up Investigation (to be completed by CCD staff)

OUTFALL NO: _____ INSPECTOR NAME _____ PHONE _____

FIELD ANALYSIS:

WATER TEMP: _____ °F / °C CHLORINE (Total): _____ mg/l

pH: _____ COPPER: _____ mg/l

PHENOL: _____ mg/l DETERGENTS: _____ mg/l

WAS A LABORATORY SAMPLE COLLECTED? NO YES

(if yes attach copy of chain-of-custody record)

COMMENTS: _____

DATA SHEET FILLED OUT BY: (signature): _____ DATE: _____

Additional notes to file: _____

Follow-up with Complainant: _____

