PEQUEA TOWNSHIP
STORMWATER CONCERN

Name: _____ Phone Number: _____

Date: _____ Time of Discovery: _____

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		Pipe Outfall
	Stream		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		Rotten Eggs
	Musty		Sour Milk
	Sewage		Other _____

Color?

	Clear		Green
	Red		Brown
	Yellow		Grey
	Orange		Other _____

Clarity?

	Clear		Opaque
	Cloudy		Other _____

Additional Information:

_____

_____