

**TOWN OF CHENANGO**



1529 NY Rte 12  
Binghamton, NY 13901  
Telephone (607) 648-4809  
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**Illicit Discharge Report  
Citizen Complaint Form**

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**LOCATION OF DISCHARGE:**

Street Name \_\_\_\_\_ House Number \_\_\_\_\_

Landmark \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

**WHERE WAS DISCHARGE FOUND?**

- Open Ditch
- Stream
- River
- 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: \_\_\_\_\_

**WAS THERE AN:**

Oily Sheen	Yes	No
Garbage/Sewage	Yes	No
Other: _____		

**SITUATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_