

The Borough of Canonsburg MS4 Illicit Discharge Complaint Form

What is an Illicit Discharge?

An Illicit Discharge is defined by the federal regulations as any discharge to a municipal separate storm sewer system (MS4) that is not entirely made of up stormwater except for fire-fighting activities. Examples of illicit discharges are sanitary wastewater, effluent from septic tanks, car wash wastewaters with cleaning agents, improper oil disposal, improper commercial waste disposal, radiator flushing disposal, laundry wastewaters, spills from roadway accidents, improper disposal of auto and household toxics.

It is important that no one dumps waste of any kind as described above onto the streets, drainage pipes, or any storm drain – as they are utilized for stormwater only. If you see someone dumping waste of any kind into the streams, streets, or storm drains, please report it immediately by completing this form and sending it to Canonsburg Borough at dlesnock@canonsburgboro or by calling the Borough office at (724) 745-1800.



Reporter Information

☐ **Anonymous** – Please check if you would like to remain anonymous. If so, please add your number or email below so we can call you with questions regarding the discharge.

Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Date: _____

Time of Discharge Observed: _____ ☐ AM ☐ PM

Location Information

Address of Observed Discharge: _____

Closest Street/Landmark: _____

Description of Observed Discharge – please explain what you saw and the suspected responsible party (business name, vehicle – license plate# or vehicle description, specific person, etc.)

Please clarify what kind of discharge was observed:

☐ Dumping ☐ Oil/solvents/chemicals ☐ Sewage ☐ Wash water, suds, etc.

☐ Other: _____

Odor

☐ None ☐ Sewage ☐ Rotten Eggs/Natural Gas ☐ Gasoline ☐ Oil

☐ Other: _____

Clairty

☐ Clear ☐ Opaque ☐ Cloudy ☐ Grey ☐ Sheen

Color

☐ Red ☐ Yellow ☐ Brown ☐ Green ☐ Grey ☐ White

☐ Other: _____

Solids or Floatables

☐ Garbage ☐ Sewage ☐ Tissue ☐ Suds ☐ Scum

☐ Other: _____

Additonal Comments/Concerns:

Inspector Information – TO BE FILLED OUT BY INSPECTOR ONLY

Inspector Name(s): _____

Date of Initial Investigation: _____

Time of Inspection: _____ ☐ AM ☐ PM

Notes

| | |
|---|-------------------------------|
| <input type="checkbox"/> No Investigation Made | Reason: |
| <input type="checkbox"/> Referred to different department/agency: | Department/Agency: |
| <input type="checkbox"/> Investigated: No Action Necessary | |
| <input type="checkbox"/> Investigated: Requires Action | Description of actions taken: |
| <u>Date case closed:</u> | |
| <u>Additional Comments/Notes:</u> | |