

**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?

<input type="checkbox"/> Open Ditch	<input type="checkbox"/> Pipe Outfall
<input type="checkbox"/> Stream	<input type="checkbox"/> Other _____

Was water flow observed?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Was flow solid or pulsing?

<input type="checkbox"/> Solid	<input type="checkbox"/> Pulsing
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Was a photo taken?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (please attach a copy to form)
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Odor?

<input type="checkbox"/> None	<input type="checkbox"/> Rotten Eggs
<input type="checkbox"/> Musty	<input type="checkbox"/> Sour Milk
<input type="checkbox"/> Sewage	<input type="checkbox"/> Other _____

Color?

<input type="checkbox"/> Clear	<input type="checkbox"/> Green
<input type="checkbox"/> Red	<input type="checkbox"/> Brown
<input type="checkbox"/> Yellow	<input type="checkbox"/> Grey
<input type="checkbox"/> Orange	<input type="checkbox"/> Other _____

Clarity?

<input type="checkbox"/> Clear	<input type="checkbox"/> Opaque
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Other _____

Additional Information:
