TOWN of PLAINFIELD
MS4 PROGRAM

ILLICIT DISCHARGE DETECTION and ELIMINATION (IDDE)

CITIZEN REPORTING FORM

NAME: _______________________________________________________

ADDRESS: ____________________________________________________

PHONE #: ___________________/EMAIL: _______________________

PREFERRED CONTACT: _____phone  _____email

DATE: _________________________________

LOCATION OF SUSPECTED ILLICIT DISCHARGE (please be specific):

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

DESCRIPTION OF ILLICIT DISCHARGE OBSERVED:

Color_____________

Is there an odor? _____/if so, what does it smell like? ______________

Is it visible:

   Constantly _____________
   Frequently ______________
   Occasionally_____________

Please complete and submit the Reporting Form to Kevin Cunningham, First Selectman, via: email kcunninghamselectman@plainfieldct.org, mail 8 Community Ave., Plainfield, CT 06374, or hand deliver to the Town Hall.

PLAINFIELD TOWN HALL
8 Community Ave., Plainfield, CT 06374
TELEPHONE (860) 230-3028  FAX (860) 230-3029

Equal Opportunity Employment  Fair Housing Opportunity