



**Wormleysburg Borough  
Illicit Discharge Reporting Form**

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

Date: \_\_\_\_\_ Time Discharge Discovered: \_\_\_\_\_

Date of Last Rain Event: \_\_\_\_\_ Estimated Rainfall: \_\_\_\_\_

Location of Discharge (indicate nearby street intersections, addresses, and/or landmarks for reference)

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Where was Discharge Found?    Open Ditch    Stream    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 \_\_\_\_\_

Clarity:    Clear    Cloudy    Opaque

Was there:    Oily sheen    No    Yes  
                  Garbage    No    Yes  
                  Sewage    No    Yes

Additional Information:

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