

## Illicit Discharge Reporting Form

Observers Name \_\_\_\_\_

Date and time \_\_\_\_\_

Observers Telephone # \_\_\_\_\_

Location of observance \_\_\_\_\_

\_\_\_\_\_

Describe material or liquid observed \_\_\_\_\_

\_\_\_\_\_

Return this form to the Borough Hall or email to [jbabb@wyopd.org](mailto:jbabb@wyopd.org)