

The Borough of Houston 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 Houston Borough at houstonborough@comcast.net or by calling the the Borough office at (724) 745-1112.



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>	