



ILLICIT DISCHARGE REPORT FORM

Date: _____

Name: _____

Email: _____

Phone Number: _____

What type of incident do you wish to report? Check all that apply

- Dumping Down a Storm Drain
- Suspicious Discharge from Pipe into a Stream
- Unusual Color of Water in Stream
- Strange Smells in Stream
- Suspicious Suds or other Substances Floating on water
- Death of Aquatic Creatures

Where did the incident take place?

Address (If Applicable): _____

Name of Street: _____ **Name of Closest Cross Street:** _____

Name of Body of Water impacted: _____

Please provide a brief description of the area affected that might help our team to locate the site.

Date of the Incident: _____

Time of the incident: _____

You can send this form, along with any additional information and photographs to MasonLD@gmu.edu