ILLICIT DISCHARGE REPORT FORM

City of Girard MS4 Stormwater Program

Report Environmental Emergencies to Ohio EPA: (800) 282-9378

Date:_____

Name:_____

Email:_____

Phone:_____

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

( ) Dumping Down a Storm Drain

( ) Suspicious Discharge from a 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 us locate the site.

_____

_____

_____

Date of the incident: _____ **Time of the incident:**

_____

Please send this form along with any additional information and photographs to

Mail To: City of Girard
100 W. Main St., SE#4
Girard, OH 44420

Email To: Info@cityofgirardoh.gov
Phone: 330-545-3306