



ILLICIT DISCHARGE COMPLAINT FORM

Please use blue or black ink when filling out form.

****FOR OFFICE USE ONLY****

IDC No. _____

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Illicit Discharge Action:

- Septic, sewage, and dumping or disposal of liquids or materials other than stormwater into the MS4
- Discharges of washwater resulting from the hosing or cleaning of gas stations, auto repair garages, or other types of automotive services facilities
- Discharges resulting from the cleaning, repair, or maintenance of any type of equipment, machinery, or facility, including motor vehicles, cement-related equipment, and port-a-potty servicing, etc.
- Discharges of washwater from mobile operations, such as mobile automobile or truck washing, steam cleaning, power washing, and carpet cleaning, etc.
- Discharges of washwater from the cleaning or hosing of impervious surfaces in municipal, industrial, commercial, or residential areas (including parking lots, streets, sidewalks, driveways, patios, plazas, work yards and outdoor eating or drinking areas, etc.) where detergents are used and spills or leaks of toxic or hazardous materials have occurred (unless all spilled material has been removed)
- Discharges of runoff from material storage areas, which contain chemicals, fuels, grease, oil, or other hazardous materials from material storage areas
- Discharges of pool or fountain water containing chlorine, biocides, or other chemicals; discharges of pool or fountain filter backwash water
- Discharges of sediment, unhardened concrete, pet waste, vegetation clippings, or other landscape or construction-related wastes
- Discharges of trash, paints, stains, resins, or other household hazardous wastes
- Discharges of food-related wastes (grease, restaurant kitchen mat and trash bin washwater, etc.)
- Other: _____

Date and time of alleged incident: _____

Location of the alleged incident: _____

Explain as clearly as possible what was observed. Indicate who was involved and if applicable, the vehicle. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages.

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

Signature _____

Date _____

Email form to: roads@co.linn.or.us or mail form to: 3010 Ferry St SW, Albany, OR 97322