

ILLICIT DISCHARGE DETECTION & ELIMINATION (IDDE)

Resident Reporting Form

Name:			
Address:			
Contact Information (Phone and/or	·Email):		
Date:			
Location of Suspected Illicit Dischar	ge (please be specific):		
DESCRIPTION OF ILLICIT DISCHAR	GE OBSERVED:		
Physical Characteristics of Material	(Solid or Liquid, Color, et	c):	
Was there an odor? If yes, what does it smell like?			
Is it visible Constantly?	Frequently?	Occasionally?	
DESCRIPTION OF VEHICLE & PERSO	ON DISCHARGING MATER	.IAL(s):	
WAS THERE A VEHICLE, DID YOU G	ET THE LICENSE PLATE?		

Please complete and submit the Reporting Form to Dan Jerram. First Selectman, via email @ djerram@newhartfordct.gov, mail @ Post Office Box 316, New Hartford, CT 06057 or hand deliver to Town Hall @ 530 Main Street, New Hartford, CT 06057.

Thank You

