

**Spill Notification & Complaint Reporting Form
 Illicit Discharge Elimination Program
 City of Swartz Creek, Genesee County**

Complaint made by: _____

Phone #: _____

Date: _____ Time: _____

Location of Discharge: _____ Offending Party (if known) _____

Nature of Problem (i.e. paper waste, odor, color, etc.): _____

Is this an Emergency?

Yes (Then Phone 911) No

Nature of Emergency: _____

Initial Contact made to:

- 911
- Fire Dept. _____
- Police Dept. _____
- GCHD (810) 257-3603
- PEAS Hotline (State) 1-800-292-4706

Additional Comments:

Site Investigation

Date of Observation: _____

Investigating Agency: _____

Location of Discharge: _____

- Initial Investigation
 Follow-up Investigation

Crew Members: _____

Investigation Location: _____

Observations (odor, color, volume, etc): _____

Actions Taken:

Danger to health and/or environment:

Yes No

Were photos taken: Yes* No

Date Corrected: _____

* Please attach copies

If necessary:

Agency Referred to: _____

Agency Contact: _____

Method of Communication:

E-mail Letter/memo Phone

Content of Communication:

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Compliance Information & Schedule: _____ _____ _____
Date Violation Was Resolved: _____

1. Take down complaint information.
2. Fill out the Spill Notification form for the Illicit Discharge Elimination Reporting System.
3. Inform the caller that the problem will be further investigated and thank him/her for calling in.
4. If the problem is HAZMAT related, please phone 911.
5. If the Problem is related to a construction site and there is sediment leaving that site please call Genesee County Health Department at: (810) 257-3603.
6. Please fax/email completed form to:
 - (i) Barney Boyer, EGLE
Fax #: (517) 290-4597
Email: BoyerB2@michigan.gov
 - (ii) DLZ-Michigan, Inc.
c/o Laura Gruzowski
(248) 836-4053
Email: lgruzowski@dlz.com