CARROLL TOWNSHIP
Small Municipal Separate Storm Sewer System (MS4)
Minimum Control Measure No. 3
Permit Year _____

BMP No. 1: Illicit Discharge Detection and Elimination Plan

COMPLAINT FORM

ID No. _____ Date: _____

Contact Person: _____

Contact Number: _____

Contact Address: _____

Location of Complaint: _____

Complaint relating to storm water or unauthorized discharges:

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