**Accidental Discharge/Unanticipated Bypass Report**

All responsible persons shall notify the Superintendent of the Water Pollution Control Plant, or his representative, **immediately, but not exceeding** two hours**, after** a "slug load" or accidental discharge occurs. Telephone 427-6053 (Desk) or 740-1971 (Cell). This written report shall be submitted within five days of the incident.

Report Date:       Permit Number:

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| **I. IDENTIFYING INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Company Name: |  | | | | | | | | | | | | | | | | | | | | |
| Physical Address: |  | | | | | | | | Zip code: | | |  | | Mailing Address: | | |  | | Zip code: | |  |
| Primary Contact: |  | | | | | | | | | | | | | | | | Title: | | | | |
| Phone: |  | | | | | | | | Cell: | | |  | | | | | Email: | | | | | |
| **II. DESCRIPTION OF UPSET, SLUG LOAD, ACCIDENTAL DISCHARGE OR UNANTICIPATED BYPASS (HEREBY REFERRED TO AS DISCHARGE)** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Date of discharge: | |  | | | | | | | | | 2. Duration: | | | |  | | | | | | | |
| 3. Location of discharge: | | | |  | | | | | | | | | | | | | | | | | | |
| 4. Describe how and where the discharge entered into the City Sewer (i.e. drain, control manhole, etc.) | | | | | | | | | | | | | | | | | | | | | | |
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| 5. Describe the type of discharge: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 6. List concentration of waste discharged: | | | | | | | | |  | | | | 7. List the volume of waste discharged: | | | | |  | | | | |
| 8. Hazard Evaluation | | | | | | | | | | | | | | | | | | | | | | |
| **Hazard Type** | | | | | | **Yes** | | **No** | | **Description** | | | | | | | | | | | | |
| 1. Fire Hazard | | | | | |  | |  | |  | | | | | | | | | | | | |
| 1. Explosive Hazard | | | | | |  | |  | |  | | | | | | | | | | | | |
| 1. Fume Hazard | | | | | |  | |  | |  | | | | | | | | | | | | |
| 1. Corrosive | | | | | |  | |  | |  | | | | | | | | | | | | |
| 1. Exposure Hazard | | | | | |  | |  | |  | | | | | | | | | | | | |
| 1. Structural Danger | | | | | |  | |  | |  | | | | | | | | | | | | |
| 1. Other (Specify) | | | | | |  | |  | |  | | | | | | | | | | | | |
| 9. Describe cause of discharge: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **III. RESPONSE MEASURES** | | | | | | | | | | | | | | | | | | | | | | |
| 10. Was a sample taken during the discharge? If yes, include a copy of the sample analysis with the report. | | | | | | | | | | | | | | | | | | Yes: | | No: | | |
| 11. Initially reported by: | | |  | | | | | | | | | | | | | | | | | | | |
| 12. Date and time initially reported: | | | | | | |  | | | | | | | | | | | | | | | |
| 13. List agencies contacted regarding the spill | | | | | | | | | | | | | | | | | | | | | | |
| **Agency** | | | | | **Person at agency** | | | | | | **Date** | | **Time** | | | **Comments** | | | | | | |
| a. | | | | |  | | | | | |  | |  | | |  | | | | | | |
| b. | | | | |  | | | | | |  | |  | | |  | | | | | | |
| c. | | | | |  | | | | | |  | |  | | |  | | | | | | |
| d. | | | | |  | | | | | |  | |  | | |  | | | | | | |
| e. | | | | |  | | | | | |  | |  | | |  | | | | | | |
| f. | | | | |  | | | | | |  | |  | | |  | | | | | | |

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| 14. Describe how the accidental discharge was cleaned up. (i.e. mop, rags, waste hauler, etc.): | | | | | |
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| 15. Describe how the clean-up waste was disposed of: | | | | | |
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| **IV. COMPLIANCE STATUS** | | | | | |
| 16. Describe the impact of discharge on the Permittee compliance status: | | | | | |
|  | | | | | |
| 17. List times of noncompliance | | | | | |
| **Date of noncompliance** | | **Time of noncompliance** | **Description** | | |
| a. | |  |  | | |
| b. | |  |  | | |
| c. | |  |  | | |
| 18. If the noncompliance is continuing, describe the time by which compliance is reasonable expected to occur. | | | | | |
|  | | | | | |
| 19. Describe all steps taken or to be taken to reduce, eliminate, and/or prevent recurrence of such an upset, slug load, accidental discharge, unauthorized bypass, or other conditions of noncompliance. | | | | | |
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| **V. RESPONSIBLE CORPORATE OFFICER STATEMENT: 40 CFR [403.6(A)(2)(II)&9403.12)(1)]** | | | | | |
| “I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.” | | | | | |
| Printed Name: |  | | | Title: |  |
| Signature: |  | | | Date: |  |
| Mail Completed Report to: Fort Wayne City Utilities  Industrial Pretreatment Section  2601 Dwenger Avenue  Fort Wayne, IN 46803 | | | | | |
| Should you have any questions, please contact the Industrial Pretreatment Section at (260) 427-1271. | | | | | |