**Pretreatment Upset Form**

Due within five (5) days following a Pretreatment Upset.

\*Note: As stated in your industrial user discharge permit, you are required to notify the POTW within **Twenty-Four (24)** **hours** of a Pretreatment Upset.

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: | | |  | | | | |
| **I. Initial Notification:** | | | | | | | | | | | | | | | |
| 1. Initially Reported By: | | | | | | | | | | 2. Date Reported: | | | Time InitialReported (am or pm): | | |
|  | | | | | | | | | |  | | |  | | |
| **II. Description of Upset** | | | | | | | | | | | | | | | |
| 1. Date | | | | | 2. Time Initially Reported (am or pm): | | 3. Duration of Upset: | | | | | | | | |
|  | | | | |  | |  | | | | | | | | |
| 4. Describe Location of Upset (Area): | | | | | 5. Describe Type of Upset: | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| 6. Describe Cause of Upset: | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 7. Was a sample taken during the upset? If yes, include a copy of the sample analysis with the report. | | | | | | | | | | Yes | | | No | | |
| 8. Describe How the Upset was Corrected: | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | |
| **IV. Compliance Status** | | | | | | | | | | | | | | | |
| 1. Description of the Indirect Discharge: | | | | | 2. Cause of Noncompliance | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| 3. If Not Corrected, the Anticipated Time the Noncompliance is Expected to Continue: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **V. Continued Compliance Status** | | | | | | | | | | | | | | | |
| 1. Describe All Steps Taken and/or Planned to Reduce, Eliminate, and Prevent Recurrence of the Noncompliance: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **VI. Responsible Corporate Officer Statement: 40 CFR [403.6(A)(2)(ii) & (403.12)(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. | | | | | | | | | | | | | | | |