

**SLUG LOAD & SPILL / SELF-REPORTING FORM**

**- VIOLATIONS -**

When an Industrial User discovers a violation, it **must self-report within 24 hours** (40 CFR 403.12(g)(2)). **Immediate** notification helps avoid potential problems at the treatment plant and thereby reduce penalties, if any, for the User. Most self-reported violations receive **no** formal penalties. A written, follow-up notification must be submitted shortly thereafter. If the follow-up notification will be delayed by more than five days, discuss the reason for the delay with the District's Pretreatment staff.

**- SLUG LOADS & SPILLS -**

Slog Loads & Spills **must be reported to the District immediately** if they could cause problems at the treatment plant or are "slugs-loadings" as defined by 40 CFR 403.5(b). Since spills are violations, they must be reported within 24 hours, regardless of size. A written, follow-up report must be submitted shortly thereafter. If the follow-up notification will be delayed by more than five days, discuss the reason for the delay with the District's Pretreatment staff.

Business Hours Phone Number: 847-742-2068

After Hours Phone Number: 847-875-4259

Fax Machine Phone Number: 847-742-0193

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

Start of violation: \_\_\_\_\_

End of violation: \_\_\_\_\_

Discovery of violation: \_\_\_\_\_

24 Hour Notification of District: \_\_\_\_\_

Person Notified: \_\_\_\_\_

Written Notification sent to District: \_\_\_\_\_

Enclose a detailed description of event. See NOTIFICATION FORM INSTRUCTIONS for required information.

**NOTIFICATION FORM INSTRUCTIONS**

In the event of any slug discharge to either the sanitary or storm sewer, notify the DISTRICT immediately by telephone. If the material is potentially hazardous, notify the local fire department immediately.

By law, the following form must be completed and submitted to the DISTRICT within five (5) business days after any slug discharge. If you are unable to meet this deadline or need assistance with this form phone the District's Pretreatment Coordinator.

Be sure that all of the details included in this instruction sheet are present in your response.

- 1: List the start and end of the incident, include both a best estimate and a worst case value for the time. If an endpoint is precisely known, the worst case time would match the best estimated time. If the endpoint is unknown, then the worst case beginning would be immediately after the last evidence that the incident was not occurring. The worst case ending time would be immediately before the incident was discovered to be completed.
- 2: Identify the general type or cause of incident.
- 3: Identify the quantity, rate of discharge, physical characteristics, and components of the discharge. Include and identify both best estimates and worst case values. If Material Data and Safety Sheets are available for the material, include them. If any component is classed as a *Special Waste* or a *Hazardous Waste*, include the class of waste and a copy of the most recent manifest for this waste.
- 4: Explain how this incident occurred. In particular include details concerning:
  - The cause, and discovery.
  - The containment actions used.
  - The resolution of the incident.
- 5: Outline the corrective measures which have been/will be undertaken to prevent a recurrence of the incident and state the date(s) of implementation.

**SLUG LOAD & SPILL SELF-REPORT FORM**

Page 1 of 2

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Facility name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Number of additional sheets included as part of this report: \_\_\_\_\_

*(See Notification Form Instructions for entry details)*

· Worst case start of incident: \_\_\_\_\_

· Best estimate: \_\_\_\_\_

· Worst case end of incident: \_\_\_\_\_

· Best estimate: \_\_\_\_\_

· Type of incident: *(Check all that apply)*

\_\_\_\_\_ Mechanical/electrical malfunction

\_\_\_\_\_ Spill

\_\_\_\_\_ Operator error

\_\_\_\_\_ Hydraulic/mass overload

\_\_\_\_\_ Bypass

\_\_\_\_\_ Other *(Specify)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SLUG LOAD & SPILL SELF-REPORT FORM CONTINUED**

Page 2 of 2

· Discharge characteristics: \_\_\_\_\_

---

---

---

---

---

---

---

---

· Explanation of incident: \_\_\_\_\_

---

---

---

---

---

---

---

---

· Corrective measures: \_\_\_\_\_

---

---

---

---

---

---

---

---