



UPPER BLACKSTONE

WATER POLLUTION ABATEMENT DISTRICT

Engineer - Director / Treasurer Karla H. Sangrey, P.E.

SLUG OR ACCIDENTAL DISCHARGE REPORT FORM

Note to the Industrial Users:

The Upper Blackstone WPAD must be notified immediately by telephone (within 24 hours) of the occurrence of an unauthorized discharge of any pollutant at a flow rate or concentration which could cause a violation of the prohibited discharge standards in the Upper Blackstone W.P.A.D Sewer and Pretreatment Regulations. Submission of this form, signed by an authorized representative of the firm, is required within 5 days of the occurrence.

Company Name: _____

Company Mailing Address: _____

Facility Address: _____

Person to contact concerning information provided herein:

Name: _____

Phone #: _____

Name, Title and Signature of Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

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DESCRIPTION OF DISCHARGE

Please fill out one page for each process stream involved:

Permit # : _____

Process Stream # : _____ and description: _____

Date of unauthorized discharge: ____/____/____

Duration of Discharge: _____ hours _____ minutes

Flow Volume of Discharge (gal): _____ [] metered [] estimated

The following pollutant concentration information:

[] laboratory analysis

[] estimated

Pollutant	Concentration	permit limit	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hazards, if any, associated with unauthorized discharge:

Reason for occurrence of unauthorized discharge:

Actions taken to mitigate damage of hazards associated with the discharge:

Corrective measures to be taken to prevent future occurrences:

