



# 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: \_\_\_\_\_

UPPER BLACKSTONE WPAD SLUG OR ACCIDENTAL DISCHARGE REPORT FORM

**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:

\_\_\_\_\_  
\_\_\_\_\_