

Lompoc Wastewater Division ACCIDENTAL SPILL REPORTING FORM

ALL USERS MUST REPORT IMMEDIATELY TO THE WASTEWATER DIVISION (TELEPHONE 736-5083) ANY ACCIDENTAL SPILL OR SLUG LOAD OF COMPATIBLE OR INCOMPATIBLE CONSTITUENTS TO THE SANITARY SEWER (CITY CODE SECTION 3369). UPON NOTIFICATION BY THE DIRECTOR, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE WASTEWATER DIVISION WITHIN FIFTEEN (15) WORKING DAYS OF THE SPILL. COMPLETION OF THIS FORM DOES NOT RELIEVE THE USER OF ANY LIABILITIES DUE TO THE ACCIDENTAL DISCHARGE. PROMPT AND ACCURATE REPORTING DOES REFLECT THAT THE USER IS ATTEMPTING TO ADDRESS THE PROBLEM.

Company Name:		
Site Location:		
Contact Phone Number:		
Person Completing This Form:		
Accidental Discharge	Began:	am/pm On: (date)
	Ended:	am/pm On: (date)

Type of material spilled (attach Material Safety Data Sheet):

Volume of Spill (specify units):

<i>Chemical analysis of representative sample of the spilled material. Show concentration of all compounds in the spilled material. If a sample of the spilled material is not available, list all known or suspected contents present in the discharged material.</i>	
COMPOUND	CONCENTRATION (mg/L or mg/kg)

Location/area of accidental discharge:

Plant Process _____ Material Storage
 Shipping/receiving _____ Other (specify)

Is spill containment present in the area where the accidental spill occurred?

Yes ___ No

Is spill containment present in other areas within the facility

Yes ___ No ___ If yes, where?

Describe the cause of the reported discharge:

Did the spill receive any type of treatment? Yes ___ No ___ If yes, describe how that waste was disposed of:

Was any part of the spill contained and prevented from discharge to the sanitary sewer? Yes ___ No ___ If yes, describe how that waste was disposed of:

Describe fully what measures will be taken to prevent similar accidents in the future: (attach additional sheets as necessary)

Anticipated time schedule by which the above stated procedures will be completed:

This accidental discharge was reported to the Wastewater Division on _____ (date) at _____ am/pm by _____ (name) _____ (title)

"I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHEMENTS 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 BY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERIN THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNWOLEDGE 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."

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF:

USER:

TITLE: