



All users must report a spill immediately to 920-766-5731  
 chad.giackino@hvmsd.org

This Form needs to be completed and submitted to the Wastewater Treatment Facility within 15 working days of the spill. Prompt and accurate reporting does reflect that the user is attempting to address the problem.

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

Type of Material spilled (attached SDS):

Volume of Spill: (Specify Units):

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

Location/ Area of accidental discharge

Plant Process \_\_\_\_\_ Material Storage \_\_\_\_\_  
Shipping/Receiving \_\_\_\_\_ Other (Specify)

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

YES \_\_\_\_\_ NO \_\_\_\_\_

Describe the cause of the discharge:

Did the spill receive any treatment? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, describe how the waste was disposed of:

Was any part of the spill contained and prevented from discharge to the sanitary sewer? YES\_\_ NO\_\_

Describe fully what measure will be taken to prevent similar accidents in the future: (attach additional sheets or form)

This accidental discharge was reported to Heart of the Valley MSD on:

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

Time: \_\_\_\_\_ am/pm by: \_\_\_\_\_  
Name/ Title

I certify under penalty of law that the attached was 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official