



SLUG OR ACCIDENTAL DISCHARGE REPORT FORM

Note to the Industrial Users:

The Upper Blackstone Clean Water 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 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: _____

Email address: _____

Person to contact concerning information provided herein:

Name: _____

Phone #: _____

Email address: _____

Name, Title and Signature of Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

DESCRIPTION OF UNAUTHORIZED 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:

SUBMIT THIS FORM TO:

Upper Blackstone
50 Route 20
Millbury, MA 01527

ATTN: Pretreatment Coordinator

or pretreatment@ubwpad.org.

Thank you