

THE SOMERSET RARITAN VALLEY SEWERAGE AUTHORITY  
INDUSTRIAL WASTE PRETREATMENT PROGRAM  
ACCIDENTIAL DISCHARGE/NON-COMPLIANCE REPORT\*

Facility Name \_\_\_\_\_ Site No. \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Facility DUNS No. \_\_\_\_\_

Date of Occurrence \_\_\_\_\_

Time of Occurrence \_\_\_\_\_

Duration \_\_\_\_\_

Volume Discharged \_\_\_\_\_

Material Discharged \_\_\_\_\_

Associated Hazards \_\_\_\_\_

Detailed Explanation of Cause of Discharge \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Steps Taken to Prevent Similar Occurrences \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person who First Notified Authority \_\_\_\_\_

Name of Person Notified at the Authority \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Signature

Title \_\_\_\_\_

\*Report to be filed within 5 days of accidental discharge.