

THE SOMERSET RARITAN VALLEY SEWERAGE AUTHORITY

Industrial Pretreatment Program

Accidental Discharge/Non-Compliance Report

Facility Name _____

Site No. _____

Address _____

Date/Time of Occurrence _____

Duration of Occurrence _____

Volume Discharged (Estimate if Unknown) _____

Material Discharged (Attach SDS) _____

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 of Notification _____

Authorized Representative _____

Signature

Title _____

Date _____

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