

# Pretreatment Malfunction, Slug Discharge, Bypass, or Accidental Spill Notification Report

CAUTION: Do NOT attempt to complete this form before reading the INSTRUCTIONS ON REVERSE SIDE.

1. Facility: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ FID Number: \_\_\_\_\_  
 Contact Person at Facility \_\_\_\_\_

NAME (Type or Print)	TITLE	TELEPHONE / EXTENSION
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	MONTH	DATE	YEAR	TIME	A.M.	P.M.
a. Start of Incident:	_____	_____	_____	_____	_____	_____
End of Incident:	_____	_____	_____	_____	_____	_____
b. Date of Report:	_____	_____	_____	_____	_____	_____
c. Date of Telephone Notification:	_____	_____	_____	_____	_____	_____
d. Telephone Notification Reported to:	_____				_____	_____
					Title: _____	

3. TYPE OF INCIDENT:

Mechanical or electrical malfunction       Operator error       Hydraulic or mass overload       Bypass

Slug Discharge       Other (Specify) \_\_\_\_\_

4. INCIDENT DISCHARGE CHARACTERISTICS:

a. Regulated process wastewater:

CATEGORY	SUBCATEGORY	ESTIMATED VOLUME (GALLONS)
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Other components:

(Type)	ESTIMATED VOLUME (GALLONS)
<input type="checkbox"/> Pretreatment sludge .....	_____
<input type="checkbox"/> Acid or Alkali .....	_____
<input type="checkbox"/> Other (Specify) _____	_____

5. EXPLANATION OF INCIDENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. CORRECTIVE MEASURES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared by: \_\_\_\_\_  
 NAME (Type or Print) TITLE DATE

For Office Use Only  
 Date Received: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date Telephone Notification Received: \_\_\_\_\_

Pollutants discharged in excess: \_\_\_\_\_  
 \_\_\_\_\_

Plant receiving discharge: \_\_\_\_\_

Corrective measures:  Approved  Disapproved

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# RD-116 Instructions

## Pretreatment System Malfunction, Slug Discharge, Bypass, or Accidental Spill Notification Report

In the event of a pretreatment system malfunction, bypass of such system, slug discharge from such system, accidental spill, or in the event any person causes or allows such occurrences, an authorized company official must notify the Water Reclamation District of such condition immediately by telephone to the Research and Development Department, Industrial Waste Division at (312) 751-3044 during normal business hours or to the Systems Dispatcher (312) 787-3575 at all other times.

In accordance with the Water Reclamation District's Sewage and Waste Control Ordinance and with Federal regulations [40 CFR 403.12 (f)], the attached form must be completed and submitted to confirm the system malfunction, slug discharge, or accidental spill notification within five (5) calendar days to:

Metropolitan Water Reclamation District  
of Greater Chicago  
**Industrial Waste Division**  
Enforcement Section  
111 East Erie Street  
Chicago, Illinois 60611

### Item 1.

Give the complete name and address of the facility producing the discharge. Include the telephone number and Federal Tax I.D. number (used on Internal Revenue Service tax accounts). Give the name, title and phone number of the contact person at the facility.

### Item 2.

- a. Indicate the month, date, year, and time of day that the incident started and ended.
- b. Indicate the date the report was completed.

### Item 3.

Identify the causes that best describe the incident. Check at least one item. If 'other,' please specify.

### Item 4.

- a. Indicate the category, subcategory and estimated volume of any regulated process wastewater that was a component of the subject discharge to the sanitary sewer.
- b. Indicate all other components of the subject discharge to the sanitary sewer.

### Item 5.

Explain in detail how the incident occurred. If additional space is needed, attach a separate sheet. Attach a schematic of the pretreatment system for reference, if appropriate.

### Item 6.

Outline corrective measures which will be undertaken to prevent a recurrence of the incident and state the dates said measures will be implemented.