WASTEWATER MALFUNCTION / ABNORMAL EVENT REPORT

This form is provided for your convenience only. You may complete this form and email to SD-AbnormalEvents@dep.state.fl.us. If the spill is greater than 1000 gallons you MUST call the State Watch Office at 1-800-320-0519. All items with an asterisk (*) are required by rule and must be completed.

*Facility Name:		*Facility Type:	Choose One
*Permit Number:		*County:	Choose One
*Reporter Name:		*Responsible Party:	
*Reporter Address:		*Responsible Party Address:	
*Reporter Phone:		*Responsible Party Phone:	

*DEP: ☐ *Date: _____ *Time: _____ *Person Contacted: _____

*State Watch Office: ☐ *Date: _____ *Time: _____ Incident Number: _____

Spill Information

*Spill Characteristic	*Source		*Area Affected
☐ Untreated/Raw	☐ Lift Station # _____	☐ Surge Tank	☐ Storm Water
☐ Partially Treated	☐ Manhole	☐ Aeration Tank	☐ Surface Water/ _____
☐ Treated	☐ Force Main/Gravity Line	☐ Clarifier	☐ Ground
☐ Reuse/Reclaimed	☐ Disposal System	☐ Digester	☐ Containment Area
☐ Other _____	☐ Other _____	☐ Chlorine Contact Tank	☐ Other/ _____

*Date / Time Discharge Occurred: _____

*Amount of Discharge: _____ gallons

*Amount Recovered: _____gallons

*Ongoing: ☐ * Ceased: ☐

*Physical location/ address/ Latitude & Longitude:

* Malfunction/Cause

☐ Pump Failure	☐ Line Break	Weather
☐ Blower Failure	☐ Fats/Oils/Grease Blockage	☐ Lightning
☐ Switch/Timer Failure	☐ Other Clog or blockage	☐ Heavy Rainfall
☐ Clarifier Failure	☐ Power Outage/Failure	☐ High Winds
☐ Filter Bypass/Failure	☐ Accident	☐ Tropical Storm: _____
☐ Disinfection System Failure	☐ Unknown	☐ Hurricane: _____
☐ Other _____	☐ Outside Contractor _____	☐ Other: _____

* Explain:

* Effluent Limit Violations

☐ Cl_2 _____ mg/L	☐ Turbidity _____ NTU	☐ pH _____ SU
☐ TSS _____ mg/L	☐ NO_3 _____ mg/L	☐ $CBOD_5$ _____ mg/L
☐ Other _____	☐ fecal coliforms _____ CFU/100ml	☐ Abnormal Flow _____ MGD

* Corrective / Remedial Action Being Taken

☐ Line Repaired	☐ Contained On-site	☐ Restored Power
☐ Disinfected with _____	☐ Samples Taken (if surface waters impacted)	☐ Auxiliary Power System On-Line
☐ Washed Down	☐ Signs Posted Near Affected Waters	☐ Back-Up On-Line
☐ Vac Truck/Destination _____	☐ Repaired/Replaced Equipment	☐ Other _____

* Remedial Actions Being Taken / Estimated Time for Completion of Repairs:

Preventative Plans/Measures

Please describe how you intend to prevent similar occurrences in the future:

Revised 09/15