

**FOUR RIVERS SANITATION AUTHORITY**  
Industrial Spill Notification Information  
Instructions

In accordance with the Four Rivers Sanitation Authority (FRSA) Code of Ordinances. Title 2, Section 7, the Industrial User (IU) shall notify the Four Rivers Sanitation Authority immediately upon the occurrence of an accidental discharge of substances prohibited by FRSA Code of Ordinances or any slug loads or spills that may enter the public sewer. During normal business hours, the Four Rivers Sanitation Authority should be notified by telephone at (815) 387-7400 or (815) 387-7455 (38-SPILL). At all other times, the Four Rivers Sanitation Authority shall be notified by the emergency spill report telephone number at (815) 387-7455 (38-SPILL).

The emergency spill report telephone number must be used after 4:30 p.m., Monday through Friday or weekends and holidays. Notification shall include the location of discharge, date and time of the spill, type of waste spilled, including concentration and volume and corrective actions taken. The IU's notification of accidental release(s), to the FRSA does not relieve it of other reporting requirements that arise under Local, State, or Federal laws.

Within five days following an accidental discharge, the IU must submit a detailed written report to the Four Rivers Sanitation Authority. This Accidental Spill Report Form is attached to this document.

Further information regarding industrial spill reporting may be obtained by calling (815) 387-7634 or (815) 387-7636.

FOUR RIVERS SANITATION AUTHORITY  
Accidental Discharge Reporting Form

All spills and slug discharges by an Industrial User (IU) to the sanitary sewer must be reported immediately by calling the FRSA's emergency spill report number (387-7455).

This form must be completed and returned to the FRSA Director within five (5) days following the report of an accidental or deliberate spill or slug discharge by an IU to the sanitary sewer. Completion of this form is a requirement of FRSA Code of Ordinances (Title 2, Article III, Section 7, A.3.) and does not relieve the IU of any liabilities due to the accidental discharge. Prompt and accurate reporting does reflect that the IU is attempting to address the problem.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Spill/Slug Description

Time and Date spill/slug discharge started and stopped:

Started: \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_ (date)

Stopped: \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_ (date)

Telephone report made by \_\_\_\_\_  
Name

Title \_\_\_\_\_

Type of material spilled: \_\_\_\_\_

Volume of spill: \_\_\_\_\_ (gal), (lbs), (ft<sup>3</sup>)

Location of the spill/slug discharge: \_\_\_\_\_

Containment in place: \_\_\_\_\_

Reason for spill/slug discharge: \_\_\_\_\_

\_\_\_\_\_

Hazard Evaluation

Chemical analysis of a representative sample of the spilled material. Show concentration of all compounds in the spilled material. If a sample of the spilled material is not available, list all known contents present in the discharged material. MSDS Forms may be provided:

<u>COMPOUND</u>	<u>CONCENTRATION (mg/L)</u>
_____	_____
_____	_____
_____	_____

Fire Hazard:\_\_\_ Explosive:\_\_\_ Fumes:\_\_\_ Corrosive:\_\_\_ High BOD/COD (>10,000 mg/L):

Solids/Blockage:\_\_\_\_\_

Corrective Measures: (Provide discussion on corrective action taken to prevent recurrence and the appropriate time to complete such action):\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

bal forms/spill form