

**APPENDIX C
ACCIDENTAL DISCHARGE REPORT FORM**

Date:		Permit Number:
Company Name:		
Facility Address:		
Authorized Representative:		
Telephone Number:		
Date and time of discharge:		

In accordance with Section II(B)(6) of the facility's industrial wastewater discharge permit, I am submitting an Accidental Discharge Report for the incident that occurred as described below.

Authorized Representative

SAWS Notifications:	Person contacted:	Time and Date:
Choose the WRC (POTW) <input type="checkbox"/> Dos Rios 233.3089 <input type="checkbox"/> Leon Creek 233.3903 <input type="checkbox"/> Medio Creek 233.3938		<input type="checkbox"/> AM <input type="checkbox"/> PM
Emergency Operations Center (210)233.2015		<input type="checkbox"/> AM <input type="checkbox"/> PM
Resource Compliance Division (210)233.3553		<input type="checkbox"/> AM <input type="checkbox"/> PM
Discovery of discharge:		
Estimated quantity discharged (gallons):		
Material(s) discharged:		<input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Other
Location discharged:		
Comments:		

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LOG OF KEY EVENTS OF THE ACCIDENTAL DISCHARGE*

1) Cause(s) of the Accidental Discharge:

2) Description of Initial Notification and Response:

3) Description of steps instituted or planned to prevent recurrence of this discharge and other types of accidental discharges. If updates and changes are to be made to Slug Discharge Control Plan, they are also to be forwarded to SAWS Resource Compliance Division.

* Note: Where necessary, attach additional pages in order to provide as detailed a description as possible of the various circumstances and responses connected with the incident.