

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

RD-116

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: _____ User Account No. _____
 Location: _____
 City: _____ Zip Code: _____
 Telephone: _____ FID Number: _____
 Contact Person at Facility: _____

- | | NAME (Type or Print) | TITLE | | | | TELEPHONE/EXTENSION |
|----|--|-------|-------|-------|-------|-----------------------|
| | | MONTH | DATE | YEAR | TIME | |
| 2. | a. Start of Incident: | _____ | _____ | _____ | _____ | _____ A.M. _____ P.M. |
| | End of Incident: | _____ | _____ | _____ | _____ | _____ A.M. _____ P.M. |
| | b. Date of Report: | _____ | _____ | _____ | _____ | _____ A.M. _____ P.M. |
| | c. Date of Telephone Notification: | _____ | _____ | _____ | _____ | _____ A.M. _____ P.M. |
| | 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 VOLUMES (GALLONS) |
|----------|-------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- b. Other Components:
- (Type) _____ ESTIMATED VOLUMES (GALLONS) _____
- ☐ Pretreatment sludge _____
- ☐ Acid or Alkali _____
- ☐ Other (Specify) _____

5. EXPLANATION OF INCIDENT: _____
- _____
- _____
- _____

6. CORRECTIVE MEASURES: _____
- _____
- _____
- _____

Prepared by: _____

NAME (Type or Print)	TITLE	DATE
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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.