



Public Works Department – Water and Wastewater Services
WATER AND WASTEWATER OPERATIONS DIVISION – Utility Enforcement Section
2401 North Powerline Road • Pompano Beach, Florida 33069 • 954-831-3049 • FAX 954-831-3247

BROWARD COUNTY WATER AND WASTEWATER SERVICES

COMPLIANCE AND ENFORCEMENT SECTION

ACCIDENTAL DISCHARGE REPORTING FORM

This form must be completed, signed and returned to the Natural Resources Administrator, ***within five (5) days of an accidental*** or deliberate discharge to the sanitary sewer. This form does not relieve the User of any liabilities due to accidental discharge.

Prompt and accurate reporting does reflect that the User is attempting to address the problem.

Company Name:

Address:

Phone Number: _____ Fax number: _____

Title: _____

Time and Date accidental discharge started and stopped:

Started _____ a.m./ p.m. on _____ (date)
and

Stopped _____ a.m. / p.m. on _____ (date).

Type of material spilled:

Volume of spill (gallons):

Was a representative sample of the spilled material taken for chemical analysis?

Please provide results from sampling to Broward County Water and Wastewater Services, Compliance and Enforcement Section ASAP.

If a sample of the spilled material is not available, list all known contents present in the discharged material.

COMPOUND

CONCENTRATION (mg/L)

Location of accidental discharge:

Plant process area

Material storage area

Shipping/Receiving area

In plant transfer area

Other (specify)

Is spill containment present in the area where the accidental discharge occurred?

Yes _____ No _____

Describe the cause of the reported discharge:

Describe what actions were taken at the time to control the spill (e.g. use of sorbents or foams etc.)

Did the spill receive any kind of treatment?

Yes _____ No _____

If yes please describe:

Was any part of the spill contained and prevented from discharge to the sanitary sewer?

Yes _____ No _____

If yes, please describe how that waste was disposed of.

Describe fully what measures will be taken to prevent similar accidents in the future.

Anticipated time schedule in which the above stated measures will be completed.

The accidental discharge was reported to the BCWWS Natural Resources Administrator

(Serene Chang) 954-831-3049 on _____ at _____ a.m./ p.m. by

_____ (name)

_____ (title).