SPILL NOTIFICATION MEMORANDUM

To: Water Quality Enforcement Unit
Arizona Department of Environmental Quality
1110 West Washington
Phoenix, AZ 85001
FAX: (602) 771-4834

From: _____
(Name)

_____
(Address)

_____
(City, State ZIP)

Re: UNAUTHORIZED SPILL/DISCHARGE REPORT

WWTF/System Name: _____ WWS ID No.: 37 - _____

Contact Name: _____ Telephone: _____

This will inform the Department of an unauthorized spill/discharge which occurred from the collection system or the referenced facility/system or as specified below:

Date(s): _____ **Known Time (from-to):** _____

Location(s): _____

Discharge reached "waters of the U.S."? No / Yes **Name of Receiving Stream:** _____

Was the U.S. EPA notified of the spill (required if it reached "waters of the U.S.)? No / Yes

Approximate volume of discharge (gallons discharged): _____

When and how did you become aware of the discharge? _____

_____

_____

The cause of the discharge/determined by: _____

_____

_____

_____

Remedial/Mitigative/Corrective Actions: _____

_____

_____

_____

(Additional pages may be added to this form as necessary)

cc: Maricopa County Environmental Services Department, Water/Wastewater Treatment Program,
1001 N. Central Avenue, Suite 150, Phoenix, AZ 85004 FAX: (602) 506-6925