Industrial Pretreatment Program

Accidental Discharge/Spill Event Report

Event Reporting Person:

Name: ___________________________ Title: ___________________________
Address: ___________________________________________________________
Telephone: _______________ Fax: _______________ E-mail: _______________

Company Information:

Name: _____________________________________________________________
Address: ___________________________________________________________
Telephone: _______________ Fax: __________________

Company Contact Information:

Name: ___________________________ Title: ___________________________
Address: ___________________________________________________________
Telephone: _______________ Fax: _______________ E-mail: _______________

Discharge/Spill Information:

Material Discharged/Spilled: __________________________________________
Address of Discharge/Spill: ___________________________________________
Location of Discharge/Spill: ___________________________________________
Volume of Discharge/Spill: ___________________________________________
Date of Event: ___________ Time: ___________ Duration: _______________
Chemical Name: ___________________________ CAS No.: _______________

Note - Attach Safety Data Sheet(s)
Reason for Discharge/Spill:

Initial Response Action Taken:

Areas Affected:  *(check all that apply)*

- Soil
- Groundwater
- Storm Drain
- Off-Site
- Air
- Wells
- Surface Water
- Sanitary Sewer
- Other: ____________________________

Extent of Impact:
### Reporting:

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<tr>
<th>Agency</th>
<th>Telephone Number</th>
<th>Date Reported</th>
<th>Time Reported</th>
<th>Contact Name</th>
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<tbody>
<tr>
<td>EPA National (NRC) 24 Hour Spills Hotline</td>
<td>1-800-424-8802</td>
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<tr>
<td>EPA Region VII 24 Hour Spills Hotline</td>
<td>913-281-0991</td>
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<tr>
<td>KDHE 24 Hour Spills Hotline</td>
<td>785-291-3333</td>
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<tr>
<td>Jo. Co. Environmental 24 Hour Spills Hotline</td>
<td>913-715-6900</td>
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<tr>
<td>Wastewater Treatment Plant 24 Hour Spills Hotline</td>
<td>913-715-8600</td>
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<td>Storm Water 24 Hour Spills Hotline</td>
<td>913-715-6900</td>
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<td>Fire Department</td>
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### Instructions from Regulatory Agencies:

### Health and Injury:
Follow-up Actions:

Summarize Actions Taken to Prevent a Reoccurrence:

Note: Submit the completed report within five (5) days of the occurrence of the discharge/spill event. Attach additional sheets if needed.

Mail Report To: Industrial Pretreatment Program
Johnson County Wastewater
11811 S. Sunset Drive, Suite 2500
Olathe, Kansas 66061-7061