

**York City Wastewater Treatment Plant
Industrial Wastewater Spill or Treatment System Upset Form**

Instructions: In the event of a wastewater spill or treatment system upset, please:

- 1** Notify the Municipal Industrial Pretreatment Program (MIPP) at 717-854-0358, or the Waste Water Treatment Plant (WWTP) at 717-845-2794 within 24 hours of the event.
- 2** Fill out this form and return it to City of York, MIPP Division, 1625 Toronita Street, York, Pennsylvania 17402 within five days of the event. The form may be faxed to 717-845-1353, however, the original must follow in the mail.

Identifying information:

Industry Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Wastewater Contribution Permit Number: _____

Spill/Upset Information:

Date and time the spill/upset began: _____

Date and time the spill/upset ended: _____

Date and time MIPP or WWTP was notified: _____

Location in the facility where the spill or upset occurred: _____

Describe what happened: _____

Describe what caused the spill or upset: _____

Describe the substances that were spilled, and/or where in the treatment process the disruption occurred:

Indicate the volume of substance or wastewater released to:

Location	Volume	Units
A contained area		
The sanitary sewer system		
The storm water sewer system		
The environment		

If a spill, indicate where the spilled material will be disposed of: _____

If an upset, indicate how it was corrected: _____

If any material entered the storm sewer or a creek, please indicate when the Pennsylvania Department of Environment Protection (DEP) was notified: _____

Future Actions:

Describe the preventive measures that will be implemented to prevent future spills/upsets (attach additional sheets if necessary): _____

What is the completion date for the above measures? _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative

Telephone Number

Signature of Authorized Representative

Date

For Office Use Only

40 CFR 403.16a:

Date Rev'd: