



Des Moines Metropolitan Wastewater Reclamation Authority



UPSET, SLUG, OR ACCIDENTAL DISCHARGE REPORT

COMPANY: _____

Address: _____

City: _____ State: _____ Zip: _____

DURATION: Start: Date/Time _____ End: Date/Time _____

NOTIFICATION: Was the Des Moines Wastewater Plant immediately notified? Yes No

Who did you talk to: _____ Date/Time: _____

Was a written report sent to the WRA within 5 days? Yes No

Volume: _____ Gallons Cubic Feet
 Actual Volume Estimated Volume

POLLUTANTS DISCHARGED:

HAZARDOUS?

MSDS ATTACHED?

- | | | | | |
|----------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

INCIDENT DESCRIPTION: _____

ACTIONS TAKEN TO PREVENT A REOCCURENCE: _____

Name: _____

Title: _____

Signature: _____

Date: _____

Mail to: Des Moines WRF
c/o Pretreatment Office
3000 Vandalia Rd
Des Moines, IA 50317

or FAX to: 515/323-8063

or email to: pcebert@dmgov.org