

# BIOSOLIDS SPILL/DISCHARGE NOTIFICATION

When a spill of biosolids occurs, contact the ADEQ Central Office at (602) 771-2330 within 24 hours and mail the completed notification form within seven days of the spill to: State Biosolids Coordinator, Water Quality Compliance Assurance Unit, Arizona Department of Environmental Quality, 1110 W. Washington Street, MO5415B-1, Phoenix, AZ 85007

From: \_\_\_\_\_ Date: \_\_\_\_\_

## UNAUTHORIZED BIOSOLIDS/ SPILL/DISCHARGE REPORT

WWTP Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_ Facility No.: \_\_\_\_\_  
Biosolid Hauler: \_\_\_\_\_ Applicator: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

A biosolids spill/discharge occurred from the referenced facility and/or the collection system as specified below:

Date(s): \_\_\_\_\_ Known Time (from-to): \_\_\_\_\_

Location of spill(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discharge reached "**waters of the U.S.**" ? (Circle one) Yes No (Name of receiving stream/wash):

\_\_\_\_\_  
\_\_\_\_\_

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

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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_