

APPENDIX G

**LOTT WASTEWATER MANAGEMENT PARTNERSHIP
SPILL INCIDENT REPORT**

NAME: _____ TIME: _____ DATE: _____
First spill notification to LOTT made by _____ At _____ On _____
(753-8333)

NAME: _____ CITY: _____ # _____
Spill report completed and relayed to LOTT by _____ Of (agency) _____ Telephone _____

Discharge location (city, nearest intersection, manhole number, other information)

TIME: _____ DATE: _____
Spill began/discovered at _____ Material discharged (sewage, etc.) _____

Area affected by the spill (stream name, retention pond, etc.)

TIME: _____ DATE: _____ GALLONS: _____
Discharge was stopped at _____ Estimated volume discharged _____

Cause of the spill (plugged line, etc.)

Cleanup and disposal actions taken

Corrections made to prevent future spills (repaired line, etc.)

LOTT PLANT USE ONLY BELOW THIS LINE

Name: _____ Time: _____ Date: _____
Initial call taken by _____ At _____ On _____

Name: _____ Time: _____ Date: _____
Person notified at DOE _____ At _____ On _____

Name: _____ Time: _____ Date: _____
Report Faxed to DOE by (753-8531) _____ At _____ On _____

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