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:

<table>
<thead>
<tr>
<th>Location</th>
<th>Volume</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>A contained area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The sanitary sewer system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The storm water sewer system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The environment</td>
<td></td>
<td></td>
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</tbody>
</table>
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 by 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

__________________________________________________________________________________________

Signature of Authorized Representative

__________________________________________________________________________________________

Date

__________________________________________________________________________________________

For Office Use Only

40 CFR 403.16a: ________________________ Date Rev’d: ________________________