

MIDDLESEX COUNTY UTILITIES AUTHORITY
INDUSTRIAL PRETREATMENT PROGRAM
ACCIDENTAL DISCHARGE REPORT *

Facility Name: _____

Permit Number: _____

Address: _____

Discharge Point: _____

Date: _____

Date of Occurrence: _____

Time of Occurrence: _____

Duration: _____

Volume Discharged: _____

Material Discharged: _____

Associated Hazards: _____

Detailed Explanation of Cause of Discharge: _____

Corrective Action Taken: _____

Steps Taken to Prevent Similar Occurrences: _____

Name of person who first notified the MCUA: _____

Name of person notified at the MCUA: _____

Date: _____ Time: _____

Authorized Representative: _____

Title: _____

Signature: _____

* Report to be filed within 5 days of accidental discharge.