



Spill Report Form

Spills shall be reported verbally to Durham County within 24-hours of occurrence by telephone at 919-560-9033. Following the verbal notification, this report shall be completed and faxed or emailed to the Compliance Manager at the following:

Durham County Triangle WWTP
Attn: Compliance Manager
Fax (919) 544-8590 or
Email: ajmoore@dconc.gov

Company Name: _____

Company Address: _____

Reporting Person: _____ Telephone: _____

Date of Spill: _____ Time of Spill: _____

Building/On-site _____

Location of Spill: _____

Material Spilled: _____

Amount Spilled: _____

Did spilled material discharge to a drain? Yes No

If yes, where does the drain discharge to: _____

Is the spill contained? Yes No

Describe how the spill occurred to the best of your knowledge. Include any relevant circumstances in as much detail as possible.

What corrective actions were taken to control and clean up the spill?

If spilled material was contained, how will the material be disposed of?

List any existing or potential hazards that either caused or resulted from the incident.

Any additional information relating to the incident:

Name of Person Contacted at Durham County: _____

Date: _____ Time: _____ 24-hour notification made: Yes No

"As a representative for the responsible party, I certify that the information contained in this report is true and accurate to the best of my knowledge."

Signature and Title

Date