



Industrial Accidental Release / Pretreatment Bypass Form

Call the City of Richmond's Pretreatment Program immediately to report any accidental releases/slug loads / pretreatment bypasses and provide the following information. All information below must be provided within **24 hours** of a known release. In addition to providing notification within 24 hours of known spill or slug, a written report must be submitted within **5 business days**.

Facility Information:

Facility Name/ Permit Number: _____

Address: _____

(Address)

(City)

(State)

(Zip)

Phone Number: _____

Release reported by (Name / Title): _____

Date and Time reported: _____

Description of Released Material:

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Time and Date of discharge: _____

Is the release contained: (Circle One) **YES** **NO** Duration of Release: _____

Corrective Actions Taken: _____

Volume of discharge in gallons: _____

Discharged to City of Richmond Wastewater Treatment Plant?: (Circle One) **YES** **NO**

*If No, please describe in detail where the released material discharged to: _____