



# FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis  
Governor

Alexis A. Lambert  
Secretary

## Wastewater Abnormal Event 5 Day Report

This form is provided for your convenience only, in order to report the required information to Florida DEP. You may complete this form and email to the appropriate District office, as listed below.

Northwest District - [NWD\\_WastewaterCompliance@floridadep.gov](mailto:NWD_WastewaterCompliance@floridadep.gov) Southeast District - [SED.Wastewater@floridadep.gov](mailto:SED.Wastewater@floridadep.gov)  
Northeast District - [DEP\\_NED@floridadep.gov](mailto:DEP_NED@floridadep.gov) South District - [SD-AbnormalEvents@floridadep.gov](mailto:SD-AbnormalEvents@floridadep.gov)  
Southwest District - [SWD\\_DW@floridadep.gov](mailto:SWD_DW@floridadep.gov) Central District - [DEP\\_CD@floridadep.gov](mailto:DEP_CD@floridadep.gov)

These incidents, and the corresponding Public Notice of Pollution, may also be reported through the [DEP Business Portal](#). If it is preferred to submit these separately, the PNP may be submitted [here](#). If the spill is greater than 1000 gallons, it MUST be reported to the **State Watch Office** at 1-800-320-0519 and a PNP MUST be submitted. All fields with an asterisk (\*) must be completed as they are required by rule 62-620.610, F.A.C.

### Responsible Party Information

\*Facility Name:  
\*Permit Number:  
\*Facility Type:  
\*County:  
\*Reporter Name:  
\*Reporter Phone:  
\*Reporter Email:  
\*Reporter Address:  
\*Responsible Party Name:  
\*Responsible Party Address:  
\*Responsible Party Phone:  
\*Responsible Party Email:

### Who was contacted?

DEP

State Watch Office

Other

\*Date and Time:

\*Date and Time:

\*Date and Time:

\*Person contacted:

\*Incident Number:

\*Person contacted:

### Spill Information

\*Spill Characteristic / Wastewater:  
\*Type Source:  
\*Area affected:

- \*Date / Time Discharge Began:
- \*Amount Discharged (in gallons):
- \*Amount Recovered (in gallons):
- \*Date / Time Discharge Ceased:
- \*Physical Address:
- \*Latitude/Longitude:
  
- \*Malfunction/Cause:

**Effluent Limit Violations**

- |                        |                              |
|------------------------|------------------------------|
| CL <sub>2</sub> (mg/L) | Fecal Coliforms (CFU/100 mL) |
| TSS (mg/L)             | pH (SU)                      |
| Turbidity (NTU)        | CBOD5 (mg/L)                 |
| NO <sub>3</sub> (mg/L) | Abnormal Flow (MGD)          |
| Other                  |                              |

\*Clean Up Status:

**\*Clean Up Actions:**

- |                      |  |
|----------------------|--|
| Vacuumed/Pump Truck  | Washed down area                       |
| Applied Disinfectant | Water samples/field measurements taken |
| Applied Lime         | Raked and disposed of debris           |
| Applied HTH/chlorine | Signs posted                           |
| Applied absorbents   | Other                                  |

**Sampling results / Field readings:**

**\*Incident Description and Remedial Action Being Taken** (Include estimated time for completion ):

**\*Future Preventative Measures:**