Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 Robert Street North

St. Paul, MN 55101-1805



*For MCES Use Only*

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Rprt No: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Spill Report form

## For spills to the sanitary sewer in the seven-county metro area

Metropolitan Council Environmental Services (MCES) requires the responsible person to fill this form out completely and submit it to MCES within five calendar days after an accidental or prohibited slug discharge to the sanitary sewer system in the seven-county metro area.

Any person that has knowledge of an accidental discharge, or slug discharge as defined by MCES Waste Discharge Rule 004.34, to the sanitary sewers shall immediately notify the Minnesota Duty Officer (651-649-5451 or 800-422-0798), who will then notify MCES. **Minnesota Duty Officer notified: Date\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_**

**A. Location of discharge:**

| Site name, if applicable: |  |
| --- | --- |
| Site address or nearest crossroad: |  |
| Discharge location description:  (describe more specifically the location of discharge) |  |

**B. Quantity of material discharged:**

|  |
| --- |

**C. Date, time and duration of discharge:**

|  |
| --- |

**D. Description of material discharged including constituents and concentrations:**

|  |
| --- |

**E. Cause of discharge:**

|  |
| --- |

**F. Actions taken to abate or clean up the discharge:**

|  |
| --- |

**G. Corrective measures to prevent further occurrences and schedule of implementation:**

|  |
| --- |

Additional sheets may be submitted if needed.

**H. Reporting person:**

| Name (print): |  |  | Company/ Title: |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |
| Email: |  |  | Phone: |  |

**Mail completed form to: Metropolitan Council Environmental Services  
 Industrial Waste and Pollution Prevention Section  
 390 North Robert Street  
 St. Paul, MN 55101-1805**

**Email completed form to:** [iwpp@metc.state.mn.us](mailto:iwpp@metc.state.mn.us)

**Or, fax completed form to: 651-602-4730**