

# Sewage Spill Response Form

MCB 6280/1 (03-10) (EF)

Date of Spill : \_\_\_\_\_ BLDG # : \_\_\_\_\_

Street Location : \_\_\_\_\_

Time Discovered : \_\_\_\_\_ Estimated Time Spill Started : \_\_\_\_\_ Ended : \_\_\_\_\_

Cause : \_\_\_\_\_

Damage : \_\_\_\_\_

Estimated Volume of Spilled Wastewater : \_\_\_\_\_ (If unknown volume, please enter estimated gallons/minute of flow at time of discovery.)

Shop in Charge : \_\_\_\_\_

Will Spill Area be Lined? : \_\_\_\_\_ Time : \_\_\_\_\_

Did spill :  Enter  Could Enter  Did Not Enter a Storm Drain or Waterway?

(Please check one of the above; Waterway = river, stream, etc.)

Name of Waterway Affected : \_\_\_\_\_

## **Notification**

Persons Notified : \_\_\_\_\_

NREA Personnel Notified : \_\_\_\_\_

Date : \_\_\_\_\_ Time : \_\_\_\_\_ By : \_\_\_\_\_

**If Spill happens on weekend, report this spill to : VA. Department of Emergency  
Response at : 800-468-8892 (Must be reported within 24 hours)**

Date : \_\_\_\_\_ Time : \_\_\_\_\_ By : \_\_\_\_\_

Comments

Fax form to NREA 703-784-4953