

WASTEWATER MALFUNCTION / ABNORMAL EVENT REPORT

This form is provided for your convenience only. You may complete this form and email to SD-AbnormalEvents@dep.state.fl.us. If the spill is greater than 1000 gallons you MUST call the State Watch Office at 1-800-320-0519. All items with an asterisk (*) are required by rule and must be completed.

*FACILITY NAME: <u>KW Resort Utilities</u>		*FACILITY TYPE: <u>Choose One</u>	
*PERMIT NUMBER: <u>FLA014951</u>		*COUNTY: <u>Choose One</u>	
*REPORTER NAME: <u>CALVIN BATLLE</u>		*RESPONSIBLE PARTY: <u>KW RESORT UTILITIES</u>	
*REPORTER ADDRESS: _____		*RESPONSIBLE PARTY ADDRESS: <u>6630 FRONT ST</u>	
*REPORTER PHONE: <u>3057804354</u>		*RESPONSIBLE PARTY PHONE: <u>3052953301</u>	
*DEP: <input checked="" type="checkbox"/>	*DATE: <u>12/21/15</u>	*TIME: <u>0930</u>	*PERSON CONTACTED: <u>Matt SEMCHESKI</u>
*STATE WATCH OFFICE: <input type="checkbox"/>	*DATE: <u>N/A</u>	*TIME: <u>N/A</u>	INCIDENT NUMBER: _____

SPILL INFORMATION

*SPILL CHARACTERISTIC	*SOURCE	*AREA AFFECTED
<input checked="" type="checkbox"/> UNTREATED/RAW	<input checked="" type="checkbox"/> LIFT STATION # <u>L2A</u>	<input type="checkbox"/> STORM WATER
<input type="checkbox"/> PARTIALLY TREATED	<input type="checkbox"/> MANHOLE	<input type="checkbox"/> SURFACE WATER/ _____
<input type="checkbox"/> TREATED	<input type="checkbox"/> FORCE MAIN/GRAVITY LINE	<input checked="" type="checkbox"/> GROUND
<input type="checkbox"/> REUSE/RECLAIMED	<input type="checkbox"/> DISPOSAL SYSTEM	<input type="checkbox"/> CONTAINMENT AREA
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER/ _____
	<input type="checkbox"/> SURGE TANK	
	<input type="checkbox"/> AERATION TANK	
	<input type="checkbox"/> CLARIFIER	
	<input type="checkbox"/> DIGESTER	
	<input type="checkbox"/> CHLORINE CONTACT TANK	

*DATE / TIME DISCHARGE OCCURRED: 12/21/15 - 0645

*AMOUNT OF DISCHARGE: 700 GALLONS

*AMOUNT RECOVERED: _____ GALLONS

*ONGOING: * CEASED:

*PHYSICAL LOCATION / ADDRESS / LATITUDE & LONGITUDE:
INTERSECTION OF 5TH ST AND 7TH AVE

* MALFUNCTION / CAUSE

<input type="checkbox"/> PUMP FAILURE <input type="checkbox"/> BLOWER FAILURE <input type="checkbox"/> SWITCH/TIMER FAILURE <input type="checkbox"/> CLARIFIER FAILURE <input type="checkbox"/> FILTER BYPASS/FAILURE <input type="checkbox"/> DISINFECTION SYSTEM FAILURE <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> LINE BREAK <input type="checkbox"/> FATS/OILS/GREASE BLOCKAGE <input type="checkbox"/> OTHER CLOG OR BLOCKAGE <input type="checkbox"/> POWER OUTAGE/FAILURE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OUTSIDE CONTRACTOR _____	<h4 style="text-align: center;">WEATHER</h4> <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HEAVY RAINFALL <input type="checkbox"/> HIGH WINDS <input type="checkbox"/> TROPICAL STORM: _____ <input type="checkbox"/> HURRICANE: _____ <input type="checkbox"/> OTHER: _____
---	--	---

* EXPLAIN:
PVC PIPE CRACKED AT CHECK VALVE ON DISCHARGE LINE

* EFFLUENT LIMIT VIOLATIONS

<input type="checkbox"/> CL ₂ _____ MG/L	<input type="checkbox"/> TURBIDITY _____ NTU	<input type="checkbox"/> PH _____ SU
<input type="checkbox"/> TSS _____ MG/L	<input type="checkbox"/> NO ₃ _____ MG/L	<input type="checkbox"/> CBOD ₅ _____ MG/L
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> FECAL COLIFORMS _____ CFU/100ML	<input type="checkbox"/> ABNORMAL FLOW _____ MGD

* CORRECTIVE / REMEDIAL ACTION BEING TAKEN

<input checked="" type="checkbox"/> LINE REPAIRED	<input checked="" type="checkbox"/> CONTAINED ON-SITE	<input type="checkbox"/> RESTORED POWER
<input checked="" type="checkbox"/> DISINFECTED WITH <u>LIME</u>	<input type="checkbox"/> SAMPLES TAKEN (IF SURFACE WATERS IMPACTED)	<input type="checkbox"/> AUXILIARY POWER SYSTEM ON-LINE
<input checked="" type="checkbox"/> WASHED DOWN	<input type="checkbox"/> SIGNS POSTED NEAR AFFECTED WATERS	<input type="checkbox"/> BACK-UP ON-LINE
<input type="checkbox"/> VAC TRUCK/DESTINATION _____	<input checked="" type="checkbox"/> REPAIRED/REPLACED EQUIPMENT	<input type="checkbox"/> OTHER _____

* REMEDIAL ACTIONS BEING TAKEN / ESTIMATED TIME FOR COMPLETION OF REPAIRS:
PVC REPLACED

PREVENTATIVE PLANS/MEASURES

PLEASE DESCRIBE HOW YOU INTEND TO PREVENT SIMILAR OCCURRENCES IN THE FUTURE:
CHECK ALL CONNECTIONS/PIPING ON LIFST STATIONS