

Sanitary Sewer Overflow Verbal Notification

Responsible Party:

Facility:

AZPDES Permit:

APP Permit:

Reported By:

Telephone #:

Reported To:

Date / Time Reported:

Date / Time of Incident:

Estimated Amount Released:

Did release reach a water of the U.S.?

Cause of Release:

Miscellaneous Response Actions Taken:

Miscellaneous: