

Spill Report Form

Spills of regulated of substances in the Edwards Aquifer Recharge Zone or Contributing Zone within 5 miles of the recharge zone having the potential to pollute the Aquifer and hydrologically-connected surface streams are to be reported to the Edwards Aquifer Authority within **72 hours** (EAA Rules 713.400-409).

Return completed form to the EAA Environmental Protection Team by: **email** spill_notice@edwardsaquifer.org; **drop off at** 900 East Quincy, San Antonio, TX 78215; or **fax to** (210) 222-9869.

Reported By

Name:		Representing:			Phone:			
Address:				Date:		Time:	AM	PM
Responsible Party (if different fro	m above)			-		.		
Name:	Representing:			Phone				
Address:		l			I			
Site Contact Develop (if different f	h)							
Site Contact Person (if different f	rom above)	Representing:			Phone:			
Address:		representing.			FIIOTIE.			
Address.								
Details of Spill or Discharge (Pl	ease attach ad	ditional pages	if needed.)					
	Time:	AM PM		Conditions:				
Location (Name and/or Address):			1		Count	y:		
					Fergu	son/Mapsco:		
Type of Substance(s):					l			
Estimated Quantity:		- I	Duration of Inci	dent:				
			Duration of mor	dont.				
Source/Cause of Spill or Discharge:								
Area(s) immediately affected or threatened by the	anill or disabarga (i	inaluda anasifia nam	aa and daaarintic	and of an arraphic landward	· ···atanuava at	to).		
Area(s) infinediately affected of threatened by the	spili of discharge (i	iliciade specific flam	es and description	ins of geographic landmark	., waterways, er	10).		
Describe the extent of each of extent of each	U.C b 6 1 . 6	Yearla to the constraint				I	.1	
Describe the extent of actual or potential water po	llution or harmful ef	tects to the environr	nent, and identify	environmentally sensitive	areas or natura	il resources at ris	SK:	
Describe any actions to respond, contain, or reme	diate the spill or dis	scharge (include thire	d party contracto	r information if applicable):				
List any known or potential health risks:								
List source(s) for potable water in the affected are	a/facility, and any e	fforts to notify water	purveyors of the	incident:				
If the area/facility is supplied by a water well, pleas	se list the well(s) (in	nclude well number,	location and grou	undwater source if known).				
Any additional significant information:								
Other Officials Notified (Federal,	State, Local. T	hird party)						
Name:	Representing:			Phone:		Date Notified:		
Name:	Representing:			Phone:		Date Notified:		
Name:	Representing:			Phone:		Date Notified:		

Phone:

Date Notified:

Form AQ MGMT-EPT 08212013

Name:

Representing: