

Form A-4



SWPPP Spill Recording Form

Date of Spill: _____ Time of Spill: _____ AM PM

Tenant/Location of Spill: _____

Contact Name: _____ Phone #: (_____) _____ - _____

How the Spill Occurred: _____

Material(s) involved and quantity (gallons): _____

Waste materials generated during clean up: _____

Disposal method of waste materials: _____

DHEC Response Required (Did ANY release occur or spill over 10 gallons)? ___ Yes ___ No

Date and Nature of Corrective Actions Taken to Prevent Recurrence: _____

Name: _____ Date Completed: _____

Signature: _____ Title: _____

Forwarded to SWPPP Coordinator? Yes No

Keep all records on file.

Any release into storm drain or spill over 10 gallons **must be reported to SWPPP Coordinator (803) 822-5048.**