

**Village of Carol Stream
Industrial User 24-Hour Notice of Discharge Violation**

Reminder: This form must be filled out and faxed in with 24-hour of your industry becoming aware of a violation.

Date _____/_____/_____

From: _____

To: Matthew R. York, Administrative Analyst

Fax: 630-462-3650

RE: 24-Hour Notice of Discharge Violation



On _____, _____ experienced an excursion from
(Date of Violation) (Company Name)

its internal system to the Village of Carol Stream Sanitary Sewer system. This discharge was for the following pollutant: _____.

(Pollutant)

The _____, excursion for _____ was _____ mg/L which
(Date of Violation) (Pollutant)

exceeded the existing permit limit of _____ mg/L for the same parameter.

_____ agrees to investigate the source and causal factors
(Company Name)

leading to the excursion and will take the necessary steps to prevent a further incident of this kind, which will include resampling for the same date parameter within thirty (30) days of the excursion and will notify the Village's Pretreatment contact representative within those 30 days of the test results.

(Company Contact Signature)

(Company Title/Position)