Form WWTP-BYPASS

Treatment Plant (WWTP) Bypass/Upset Reporting Form 10 Day Report

Advance Notice PART I

This advance notice form shall be submitted to the appropriate DWQ Regional Office ten days before the bypass.

Permit Number : _____ (Always use treatment plant permit number)

Facility: _____ Incident # _____

Owner: _____ Region: _____

City: _____ County: _____

SPECIFIC location of the treatment units to be bypassed:

_____

Was the WWTP compliant with permit requirements? ☐ Yes ☐ No ☐ Unknown

Bypass Started Dt: _____ (mm-dd-yyyy) Time: _____ hh:mm AM/PM Bypass End Dt: _____ (mm-dd-yyyy) Time: _____ hh:mm AM/PM

Estimated volume of the Bypass: _____ gallons

Will samples be taken during bypass?: ☐ Yes ☐ No Unknown ☐

Describe how the volume was determined: _____

Will bypass reach surface waters? ☐ Yes ☐ No ☐ Unknown Volume reached surface waters (gallons): _____

Surface water name: _____

SPECIFIC cause(s) of the Bypass/Upset:

If the information provided above changes a revised report must be submitted.

WHETHER OR NOT PART II IS COMPLETED, A SIGNATURE IS REQUIRED AT THE END OF THIS FORM.

As a representative for the responsible party, I certify that the information contained in this report is true and accurate to the best of my knowledge.

Person submitting claim: _____

Date: _____

Signature: _____ Title _____

Telephone Number: _____

Any additional information desired to be submitted should be sent to the appropriate Division Regional Office within five days of first knowledge of the Bypass with reference to the incident number (the incident number is only generated when electronic entry of this form is completed, if used).