

OKLAHOMA ENVIRONMENTAL, HEALTH, AND SAFETY AUDIT PRIVILEGE ACT

Disclosure of Violation

Please submit via certified mail to:

Oklahoma Department of Environmental Quality P.O. Box 1677 Oklahoma City, OK 73101-1677

ATTN:

Audit Coordinator

DISCLOSURE OF VIOLATION							
NOTE: The following information is hereby voluntarily disclosed pursuant to and in accordance with the Environmental, Health, and Safety Audit Privilege Act 27A O.S. § 1-4-110 – 121. In order to receive immunity from administrative and civil							
penalties, a facility must promptly disclose, via certified mail, violations discover via an environmental audit.							
FACILITY INFORMATION							
MAILING ADDRESS				710			
CITY		STATE		ZIP			
FACILITY NAME							
FACILITY STREET ADDRESS							
LEGAL DESCRIPTION							
LATITUDE/LONGITUDE							
COUNTY							
CITY		STATE		ZIP			
CURRENT DEQ PERMITS (IF APPLICABLE)							
CONTACT INFORMATION							
CONTACT							
TITLE							
PHONE NUMBER		FAX NUN	MBER				
EMAIL							
AUDIT INFORMATION							
DATE THE NOTICE OF AUDIT WAS SUBMITTED							
CERTIFIED MAIL REFERENCE NUMBER OF THE							
NOTICE OF AUDIT							
DATE THE AUDIT COMMENCED							
WHICH DIVISION(S) OF THE DEQ IS THE VIOLATION AFFECTING? (AQD, WQD, LPD)							

DISCLOSURE OF VIOLATION FOR RECENTLY ACQUIRED AUDITED FACILITY

NOTE: Complete the following if you are the new owner of the audited facility and began the audit prior to the acquisition closing date. A Disclosure of Violation must be provided to DEQ no later than forty-five (45) days after that acquisition closing date. ACQUISITION CLOSING DATE

NAME OF THE SELLER (PREVIOUS OWNER OF THE FACILITY)		
WAS YOUR COMPANY RESPONSIBLE FOR THE SCOPE OF THE	□ Yes	□ No
ENVIRONMENTAL, HEALTH, OR SAFETY COMPLIANCE BEING AUDITED AT THE FACILITY?		
DOES YOUR COMPANY HAVE THE LARGEST OWNERSHIP SHARE OF THE	□ Yes	□ No
SELLER		
DOES THE SELLER HAVE THE LARGEST OWNERSHIP SHARE OF YOUR	□ Yes	□ No
COMPANY		
DO YOUR COMPANY AND THE SELLER SHARE A COMMON CORPORATE	□ Yes	□ No
PARENT OR COMMON MAJORITY INTEREST OWNER		

Please attach to this form a list of violations discovered via an environmental audit for which you are seeking immunity from administrative and civil penalties. Include the following information:

- **o** Description of Violation
- Permit Condition and/or Rule of Violation (Be Specific)
- Violation Discovery Date
- Violation Start Date
- **o** Corrective Action Plan
- **o** Duration of Violation
- Date of Compliance (or Expected Date)

CERTIFICATION OF VOLUNTARY ENVIRONMENTAL AUDIT

I certify that the statements and information contained in this notification are true, accurate, and complete.						
Responsible Official or Designee Signature						
Responsible Official or Designee Name (typed or printed)		Date				
Responsible Official or Designee Title (typed or printed)		Phone				