

ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES

TOTAL RETENTION FACILITIES

TOTAL RETENTION FACILITIES with LAND APPLICATION

# **WASTEWATER BYPASS FORM**

|  |  |  |
| --- | --- | --- |
| DEQ Facility ID:        | Facility Name:       | County:       |

|  |  |
| --- | --- |
| Report all Total Retention Facility and | **Mail or Fax** written report including copies of ANY test results |
| Total Retention Facilities with Land Application | within **5 days** to: |
| wastewater bypasses to  | **Department of Environmental Quality** |
| DEQ/ Environmental Complaints and Local Services | **Environmental Complaints and Local Services** |
| within **24 hours** at:  | **P.O. Box 1677** |
|  | **Oklahoma City, OK 73101-1677** |
| **1-800-522-0206** | **Fax No. (405) 702-6226** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEQ notified: |     |  |     |  |       |  |        |  | [ ]  AM | [ ]  PM  | Received by:  |       |
|  | Month |  | Day |  | Year |  | Time |  |  |  |
| Period of bypass: | From |     |  |     |  |      |  |       |  | [ ]  AM | [ ]  PM |
|  |  | Month |  | Day |  | Year |  | Time |  |  |  |
|  | To |       |  |       |  |       |  |       |  | [ ]  AM | [ ]  PM |
|  |  | Month |  | Day |  | Year |  | Time |  |  |  |
| Type of Bypass: | [ ]  Pipe | [ ]  Lagoon/Basin | [ ]  Manhole | [ ]  Head Works | [ ]  Lift Station | [ ]  Irrigation |
| Strength of Bypass | [ ]  Raw | [ ]  Partially Treated | [ ]  Re-use (Category 5) | Amount of Bypass:  |       | gpd |
| Type of samples taken: | [ ]  BOD | [ ]  TSS | [ ]  Fecal | [ ]  pH | [ ] None | [ ]  Other:  |       |
| Geographical location of bypass and receiving stream if appropriate: |        |
| Reason for bypass:  |       |
| Steps taken to prevent recurrence:  |       |
| Were fish or other wildlife affected as a result of the bypass? | [ ]  Yes | [ ]  No | How?  |       |
| Impact to receiving stream and /or surrounding areas:  |       |
| Steps taken to clean up or treat bypass:  |       |
| Reported by:  |       | Title:  |       |
| Signature:  |       | Date:  |       | Phone #: |       |
| Facility Representative |
| **DEQ EPS USE ONLY:** |
| Type of Contact: | [ ]  Phone or [ ]  Site Visit | Date:  |       | Follow up Site Visit [ ]  | Date:  |       |
| Geographical location of bypass and receiving stream if appropriate:  |       |
| Reason for bypass: |       |
| Steps taken to prevent recurrence: |       |
| Impact to receiving stream and/or surrounding areas: |       |
| Steps taken to clean up or treat bypass: |       |
| Corrective action needed:  |       |  Comply by date:  |       |
| Reported information confirmed: [ ]  Yes [ ]  No | If no, explain:  |       |
| Comments:  |       |
| Signature:  |       | ID #:  |       | Date:  |       |
| ECLS Representative |  |
|  |  |  |
|  |  | OKC Central Office Use Only |
|  | **BYPASS ID #** |       |