

ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES

TOTAL RETENTION FACILITIES

TOTAL RETENTION FACILITIES with LAND APPLICATION

# **WASTEWATER BYPASS FORM**

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

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| --- | --- |
| 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** |

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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **BYPASS ID #** | | | | | | | | | |  | | | | | | |