

ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES

SELF REPORTING SEPTAGE BYPASS FORM

|  |  |  |
| --- | --- | --- |
| DEQ License Number:        | Facility Name:       | County:       |

|  |  |
| --- | --- |
| Report **all**  | **Mail or Fax** written report including copies of ANY test results |
| Septage Treatment and Storage Facility | within **5 days** to: |
| 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 |
|  | Month | Day | Year | Time |  |  |
| Period of bypass: | From |     |     |      |       | [ ]  AM | [ ]  PM |
|  |  | Month | Day | Year | Time |  |  |
|  | To |       |       |       |       | [ ]  AM | [ ]  PM |
|  |  | Month | Day | Year | Time |  |  |
| Location of Bypass: | [ ]  Pipe | [ ]  Treatment Facility | [ ]  Storage Tank | [ ]  Head Works | [ ]  Other |
| Type of Bypass | [ ]  Raw Septage | [ ]  Stabilized Septage | Amount of Bypass:       |
| 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:       |
| ***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 |  |