

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 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |