



OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

SELF REPORTING WASTEWATER BYPASS FORM

(TO BE SUBMITTED WITHIN 5 DAYS OF OCCURRENCE)

Date: _____ DEQ Facility ID # S# or I# - _____

Facility Name: _____

Report All Bypasses to the DEQ Within 24 hours to:

1-800-256-2365

Mail Written Report Within 5 Days To:

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

DEQ notified within 24 hours of Bypass on: Date: _____

Time: _____

Type of Bypass:

- Checkboxes for Pipe, Clarifier / Filter, Lagoon / Basin, Manhole, API Separator, Head Works, Drying Beds, Batch Reactor, Lift Station, Digester, Other (specify)

Period of Bypass: From _____ To _____ AM PM

To _____ AM PM

Strength of Bypass: Raw Partially Treated Amount of Bypass: _____ gallons

Were fish or other wildlife affected as a result of the bypass? Yes No (If Yes, complete DEQ Form 605-001)

Type of Samples Taken: BOD TSS O&G pH DO None Other _____

Geographical Location of Bypass (including Outfall Number or 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: _____

Reported by: _____ Title: _____

Signature: _____ Date: _____

Include copies of ANY test results.