

NPDES & NPP Noncompliance Report Form

- a. The permittee shall report any noncompliance which may endanger health or the environment.
- b. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances.
- c. This report must be sent to the Department within 5 days of the time the permittee becomes aware of the circumstances. Supplementary comments or further written explanation may be included.
- d. All fields on page 1 of this report are required to be completed in full. Additional information on the following pages may also be required according to the type of noncompliance.

Facility Information

| | |
|---------------|----------------|
| Permittee: | Permit ID: NE0 |
| Contact Name: | Title: |
| Phone: | Email: |

Noncompliance Information

Type of Noncompliance:

- a. For numerical exceedances/excursions, also complete page 2.
- b. For bypasses, also complete page 3.
- c. For sanitary sewer overflows, also complete page 4.

| | |
|--|---|
| Date of occurrence: <small>mm/dd/yyyy</small> | Anticipated duration: Or end date: <small>mm/dd/yyyy</small> |
| 24-Hour notification provided? YES NO | If yes, to whom? |

Cause:

Description:

Corrective Actions taken or planned to reduce, eliminate, and prevent reoccurrence:

Mechanical repair Increased sampling frequency Treatment process improvements Other

Include written description:

Certification: I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Certifying Official or Authorized Representative, per Title 119, Chapter 13
Name/Title:

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Numerical Exceedance/Excursion Report

- a. Include Outfall number, date of sampling, and flow data for the day of sampling.
- b. List each parameter, the reporting limit in the permit, and the results of the laboratory analysis. Include units and sample type.
- c. Attach laboratory analysis results to this report.

| | |
|----------|---|
| OUTFALL: | Date of Sample: <div style="text-align: right; font-size: small;">mm/dd/yyyy</div> |
|----------|---|

| | |
|---------------------------|-------------------------|
| Flow on date of sampling: | Million Gallons per Day |
|---------------------------|-------------------------|

| Parameter | Permit Limit | Analysis Result | Units | Sample Type |
|-----------|--------------|-----------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional comments:

| | |
|---|-------|
| Certification: I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate. | |
| <i>Certifying Official or Authorized Representative, per Title 119, Chapter 13</i> Name/Title: | |
| Signature: | Date: |

Bypass Report

The **Certifying Official** will need to make the decision whether a bypass of the Wastewater Treatment facility is necessary. Bypass is prohibited, and the Director may take enforcement action against a permittee unless:

- a. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
- b. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; or
- c. If the permittee knows in advance the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass; or in the event of an unanticipated bypass, within 24 hours of starting a bypass.

The Department recommends that the discharged wastewater be sampled before it enters the stream and tested for Carbonaceous Biochemical Oxygen Demand, Total Suspended Solids, pH, Ammonia, and E. coli. Within five days submit this report and attach the laboratory analysis results. In addition, it is recommended that a notice of the discharge be public noticed in the local paper, at the local post office, and/or at the stream; include a copy to the Department. The Department will evaluate if the permittee took steps to mitigate the fact that a bypass has occurred.

Why is the bypass occurring?

What is being done/was done to terminate the bypass?

Approximate volume of wastewater bypassed?

What treatment is/was the wastewater receiving?

Description of wastewater (domestic, industrial, etc.)?

How could this bypass have been prevented?

What, if any, are alternatives to bypassing treatment?

Describe any adverse effects to the receiving stream, if any?

How was the public notified of the bypass?

Copy to DEE: YES NO

Were there negative impacts of the bypass (e.g., public reaction, aesthetics, fish kills, etc.)?

Certification: I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Certifying Official, per Title 119, Chapter 13

Name/Title:

Signature:

Date:

Sanitary Sewer Overflow Report

The permittee shall report to the Department any overflow that may endanger health of the environment from a sanitary sewer or any unauthorized overflow from a combined sewer over which the permittee has ownership and operational control. An overflow is any spill, release, or diversion of municipal sewage including:

- a. An overflow that results in a discharge to waters of the State (other than a combined sewer overflow that is authorized by a permit); and*
- b. An overflow of wastewater, including a wastewater backup into a building (other than a backup caused solely by a blockage or other malfunction in a privately owned sewer or building lateral), even if that overflow does not reach waters of the State.*

The Department recommends that the overflow wastewater be sampled and tested for Carbonaceous Biochemical Oxygen Demand, Total Suspended Solids, pH, Ammonia, and E. coli. Within five days submit this report and attach the laboratory analysis results.

Location of overflow:

Receiving Water:

Estimated volume of overflow:

Description of sewer system component from which the release occurring (e.g., manhole, constructed overflow pipe, crack in pipe, etc.):

Estimated date and time when overflow began and stopped:

Cause or suspected cause of overflow:

Estimated number of persons exposed to wastewater from the overflow:

Steps taken or planned to mitigate the impact(s) of the overflow and schedule of major milestones:

Certification: I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Certifying Official or Authorized Representative, per Title 119, Chapter 13
Name/Title:

Signature:

Date: