ATTACHMENT H

BYPASS OR SEWER OVERFLOW REPORT

DATE OF REPORT: _____ TIME: _____

DATE OF INCIDENT: _____ TIME: _____

NAME OF SYSTEM: _____

FACILITY NAME: _____

NPDES PERMIT No: _____

NAME and TITLE of PERSON REPORTING INCIDENT: _____

_____

TELEPHONE No: _____ ext: _____

LOCATION OF OVERFLOW: _____

_____

RECEIVING WATER: _____

INCIDENT DURATION: FROM (date) _____ TIME: _____

TO: (date) _____ TIME: _____

ESTIMATED TOTAL FLOW: _____

TREATMENT PROVIDED: _____

_____

CAUSE OF INCIDENT: _____

_____

_____

MITIGATION MEASURES TAKEN: _____

_____

ADDITIONAL INFORMATION / COMMENTS: _____

_____

AGENCY / PERSON REPORTED TO:

US EPA: _____

STATE: _____