



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES
SELF REPORTING SEPTAGE BYPASS FORM

DEQ License Number: _____ Facility Name: _____ County: _____

<p>Report all Septage Treatment and Storage Facility bypasses to DEQ/ Environmental Complaints and Local Services within 24 hours at:</p> <p>1-800-522-0206</p>	<p><u>Mail or Fax</u> written report including copies of ANY test results <u>within 5 days</u> to: Department of Environmental Quality Environmental Complaints and Local Services P.O. Box 1677 Oklahoma City, OK 73101-1677 Fax No. (405) 702-6226</p>
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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 Stabilized Septage Amount of Bypass: _____
Septage

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