RAW SEWAGE BYPASS AND OVERFLOW EVENT REPORTING FORM

Permittee:	Date of Discharge:	
Discharge is	 () overflow or bypass of raw sewage at treatment plant () overflow or bypass upstream of treatment plant headwin collection system 	ork
Cause of the dischar	rge:	
How long did this d	ischarge occur?	
Estimated volume d	lischarge occur? gallons	
() manhole,	rge upstream of the treatment plant, indicate whether the source was () broken line, () lift station, or () ot	as a her
	ge (street address, etc.):	_
	of the flow (name of stream):	-
	actions or plans to eliminate future discharges:	

ONE COPY OF A USGS QUAD SHEET SHOWING THE EXACT LOCATION OF ALL DISCHARGES MUST BE ATTACHED.