

Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Municipality or Facility Name):					Permit Number:		Person Representing Permittee Who Contacted IEPA:					
Date:	Time:	AM	PM	IEPA Office	Contacted:		Name of IEPA Employee Contacted:					
Sanitary Se	wer Ov	erflow	or B	Sypass Det	ails							
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrer	nce (complete	a separ	rate form for each occurrence):					
Start Date:	Time:	me: AM PM Duration of the overflow or bypass (hours and minutes):										
Estimated Volu Wastewater Discharged (gallons):	ater WWTP Flow During bypass (report in MGD): Not applicable for a collection											
 Circumstan	ces Ca	using	the C	Overflow o	r Bypass (check	all that apply)					
WPC 733 11/2011		Rain			☐ Power Outage ☐ Equipment Failure ☐ Other (explain below)							
		☐ Snow Melt ☐ Broken			Sewer							
failed. What c	aused the	power	outag	e, or what plu	ugged the sev	ver. Floo	pass occurred. For example, describe what equipment oding should only be indicated, as a cause if there is rels, not just localized high water in the street.					

Wet Weathe	r (if appli	cable)							
Date(s) and	Duration o	of Rainfall:							
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)		
Contributing	Soil Cond	ditions (satu	urated, frozen	, soil type)					
Where Did	the Di	scharge f	from the O	verflow	or Bypas	ss Go? (check all that a	pply)		
If discharge storm sewer	does not e to find the	enter directle e receiving	ly into surface water.			-	stream, river, lake, or wetland er, trace the path of the ditch o		
_	ŭ		into the soil						
			r it drains to:						
Storm Se			face water it c	Irains to:					
		ect discharg							
Baseme	nt Back-u _l	os, (Numb	er & use (i.e.	residential	, commercia	al) of buildings affected):			
Other, d	escribe:_								
Report Co	omplete	d By			Autl	norized Representative	Contact Information		
-	-	-			Comb	- at Davasa			
Contact Pers Street Addre					Contact Person: Title:				
PO Box:					Stroot Addross:				
City:			— State:		PO B		_		
Zip Code:		F	Phone:		City:		State:		
County:					Zip C Coun	ode:	Phone:		
	commits					ent material statement, orall t offense after conviction is			
Authorized Representative Name (Print)					Title				

Date

Authorized Representative Signature