



## NON-COMPLIANCE/DISCHARGE INCIDENT REPORT

Facility: \_\_\_\_\_ Municipality: \_\_\_\_\_

Date of Incident/Exceedance: \_\_\_\_\_

DEP Notification Date: \_\_\_\_\_ To Whom: \_\_\_\_\_

Marine Resources Notification Date: \_\_\_\_\_ To Whom: \_\_\_\_\_

Person Making Notification: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parameter/Pollutant Quantity and Concentration of Release/Exceedance (include test results):**

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**Specific Location and Duration of Release/Exceedance:**

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**Observed Environmental Effects:**

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**Describe specifically what happened, when, and why (include all details, and use additional pages if needed, including maps, diagrams as necessary):**

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***If discharge from collection system, please address the following questions:***

Did overflow reach surface water body (Yes/No)?		If so, what waterbody?	
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How often pump station/sewer line checked (1/day, 1/week, 1/year, etc.):  
 Are maintenance checks documented in O&M Plan (Yes/No)?  
 Maintenance checks include what assets (pumps, alarms, wetwell, etc.) by what means (visual, cctv, manual operation, etc.):

	When last checked:	
	Date of last revised O&M Plan:	

**Remedial Actions Taken and Times When Taken:**

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**Specific Measures Needed to Prevent Recurrence:**

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**Implementation Schedule:**

<u>Action Item Description</u>	<u>Projected Completion Date</u>

**Prepared By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

## **Non-compliance/Discharge Incident Report Form**

The Discharge Incident Report Form can be used by treatment facility personnel to notify the Department when any licensed parameter has been exceeded or when reporting combined sewer overflow related dry weather overflows (DWO's), bypasses, sanitary sewer overflows (SSO's), spills from facility premises to surface waters, or other incidents which violate license conditions as per Chapter 523 Rules regarding "Waste Discharge License Conditions." This form is not mandatory, but if you choose not to use it, be sure that the form or letter you do use includes all the information that this one does.

As per Chapter 523 "Waste Discharge License Conditions," the permittee shall report any non-compliance which may endanger health or the environment orally within 24 hours followed up by a written submission within 5 days of the time the permittee became aware of the circumstances. The following shall also be included as information which must be reported within 24 hours:

- any unanticipated bypass which exceeds any effluent limitation in the permit [including sanitary sewer overflows (SSO's) and dry weather overflows (DWO's) from CSO discharge points]
- any upset which exceeds any effluent limitation in the permit
- violation of a maximum daily discharge limitation for any of the pollutants listed by the Department in the permit