This form shall be submitted to the appropriate DWR Regional Office **within five days** of the first knowledge of the unanticipated bypass or upset.

Permit Number: (Always use treatment plant permit number)

Facility: Incident #:

Owner: Region:

City: County:

SPECIFIC location of the treatment units bypassed or where the upset occurred in the facility:

Was the WWTP compliant with permit requirements? 🞏Yes 🞏 No 🞏Unknown

Were samples taken during bypass? 🞏Yes 🞏 No 🞏Unknown

Incident Start Dt: Time: Incident End Dt: Time:

 (mm-dd-yyyy) (hh:mm AM/PM) (mm-dd-yyyy) (hh:mm AM/PM)

Estimated volume of the bypass/upset: gallons

Describe how the volume was determined:

Weather conditions during bypass/upset event:

Did bypass/upset reach surface waters? 🞏Yes 🞏 No 🞏Unknown Volume reached surface waters (gallons):

Surface water name:

Did the bypass/upset result in fish kill? 🞏Yes 🞏 No 🞏Unknown If YES, estimated number of fish killed:

SPECIFIC cause(s) of the bypass/upset:

*As a representative for the responsible party, I certify that the information*

*contained in this report is true and accurate to the best of my knowledge.*

Person submitting claim:

Signature: Title:

Telephone:

Any additional information desired to be submitted should be sent to the appropriate Division Regional Office within five (5) days of first knowledge of the bypass with reference to the incident number (the incident number is only generated when electronic entry of this form is completed, if used).

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