

UNSCHEDULED BYPASS MEMORANDUM

*Routing: *Permits & Compliance _____ *Water Facility _____
*(Initial & Date) *Surface Water _____ *Assistant Director _____

Date: _____ Time: _____ Received By: _____

Facility: _____ Receiving Water: _____

Conversation With: _____ Telephone #: _____

Notification: Written Telephone Correspondence attached: Yes No

Why is the bypass occurring? _____

When did the bypass begin? _____

What is being done to terminate the bypass? _____

When did or will the bypass end: _____

What is or was the volume (approximate) of wastewater to be bypassed? _____

What treatment is or was the wastewater receiving? _____

Description of the wastewater? (domestic, industrial, etc)? _____

How could this bypass have been prevented? _____

Are there alternatives to bypassing treatment? _____

Has or will the receiving water been monitored for adverse effects? _____

Have there been any adverse effects to the receiving stream? _____

If so, what? _____

How will the public be notified of the occurring bypass? _____

Copy to be sent to NDEQ? _____

*Surface Water Comments: _____

*Wastewater Facility Comments: _____

*Permits and Compliance Comments: _____

SEND WRITTEN REPORT

Were there any negative impacts of the bypass? (i.e. public reaction, aesthetics, fish kills, etc.) _____

* Areas that are filled out by the NDEQ