

APPENDIX N

Contractor SSO/Unpermitted Discharge Reporting Form

(added 5/2012)

Contractor SSO/Unpermitted Discharge Reporting Form

Contractor Business Name: _____ **Project Name and No.** _____

Date of SSO/Unp. Discharge _____ **Time of SSO/Unp. Discharge** _____

Date Report Completed: _____ **Date Report Submitted to Engineer or Owner:** _____

Contractor Representative Completing Report (Print): _____

Report received by Engineer (if applicable): Engineering Firm: _____

Print: _____ **Signature:** _____ **Date:** _____
(Engineer Representative)

Date Received by Owner from (Check One): Contractor Engineer: _____

Print: _____ **Signature:** _____ **Date:** _____
(Owner Representative)

Permit	Wastewater Treatment Plant: <input type="checkbox"/> CC Williams <input type="checkbox"/> Wright Smith
	<input type="checkbox"/> Decentralized Collection System: <input type="checkbox"/> Hutchins <input type="checkbox"/> Copeland Island <input type="checkbox"/> Snow Rd.
Location of SSO	<input type="checkbox"/> Centralized Collection System (One of the WWTPs above must be marked above.) <input type="checkbox"/> Ziebach Basin
	Mini-System _____ UPMH ¹ No. _____ Pipe Size: ____ in.
	Address _____ Facility ID ² : _____
	<input type="checkbox"/> Private Property Comments: _____

Ultimate Destination of Discharge	<input type="checkbox"/> Discharge to MS4 storm water system: <input type="checkbox"/> Catch Basin <input type="checkbox"/> Underground Cross Connection
	<input type="checkbox"/> Drainage Ditch <input type="checkbox"/> Other _____
	<input type="checkbox"/> SSO Did Not Reach Waters of the State because <input type="checkbox"/> Ground Absorbed <input type="checkbox"/> Contained
	Reason for Not Reaching Waters: _____
(Mark all that Apply.)	Receiving Creek or River : _____

Collection System or Overflow Structure	<input type="checkbox"/> Manhole <input type="checkbox"/> Lift Station <input type="checkbox"/> Lift Station Force Main <input type="checkbox"/> Low Pressure Force Main
	<input type="checkbox"/> Main Line <input type="checkbox"/> Public Lateral <input type="checkbox"/> Private Lateral <input type="checkbox"/> Private Plumbing in Building
	<input type="checkbox"/> Public Cleanout <input type="checkbox"/> Private Cleanout <input type="checkbox"/> Other _____

Identification of Cause	Description of cause: _____

Discharge Duration	Date and Time SSO/Unpermitted Discharge started: _____
	Date and Time SSO/Unpermitted Discharge ended: _____

Estimated Discharge Calculation	Total Est. Volume (Gal) _____ Vol. Contained (Gal) _____ Vol. Reaching Waters (Gal) _____
	Calculations: _____
	Vol. Category: <input type="checkbox"/> < 1000 gal <input type="checkbox"/> > 1000 gal <input type="checkbox"/> > 10,000 gal ³ <input type="checkbox"/> >100,000 gal <input type="checkbox"/> >1,000,000 gal

Comments	_____

Signature of Contractor: _____