



EPA REGION 6 NPDES NON-COMPLIANCE REPORT FORM



Facility Name: \_\_\_\_\_

NPDES Permit Number: \_\_\_\_\_

Name of Parameter & Description (e.g. TSS at Outfall 001, pH at Outfall 003, Sanitary Sewer Overflow at 123 Main St.)	Numeric Value (e.g., volume, concentration or load) (i.e., 67 mg/L daily max, 100 lbs/day or 100,000 gal)	Permit Limit (e.g. 45 mg/L)	Date of Violation	Duration of Violation	Cause of Violation (e.g., power failure, sludge pump failure)	Corrective Action/Health or Environmental Impact/Preventative Measures/Other Narrative (e.g., replaced pump, restored power, replaced backup generator, fish kill, applied disinfectant)

Reported by: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_

You may enter your data online and print this form. This is an optional form that you may alter for your own purposes.

**Signature**

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.

**Figure 2**