

Storm Event Reporting Form

Facility: _____ Date: _____ Time: _____

1. Is the treatment facility being operated on commercial power or emergency generators?
2. Is the treatment facility providing full treatment (in accordance with permit)? yes no
If not, what is the current level of treatment? _____
3. Is the wastewater system bypassing partially or raw sewage from anywhere within **the treatment system**? yes no
 - a. If so, from where and at what volumes? _____
 - b. Has the required bypass report been submitted yet? yes no
4. Is the wastewater system bypassing raw sewage from anywhere within the **conveyance system**? yes no
 - c. If so, from where and at what volumes? _____
 - d. Has the required bypass report been submitted yet? yes no
5. Does the treatment facility or the pumping stations have issues that limit access for personnel, fuel deliveries, or other operations?
 - a. Storm debris? yes no
 - b. Snow piles? yes no
 - c. Flood waters? yes no
 - d. Downed power lines? yes no
 - e. Other? yes no if yes, explain

6. Are any pumping stations not connected to commercial power? yes no
 - a. Number running on generators (installed or portable)? _____
 - b. Number being pumped by truck? _____
 - c. Number with no power and potential raw sewage discharges? _____
7. Is there adequate fuel to run emergency generators? yes no
 - a. If no, has provision been made to acquire and deliver additional fuel? yes no
8. Are there any other problems that we might be able to help you solve?

Form completed by: _____ Phone: _____
(print name)