



Oregon Department of Environmental Quality

# Noncompliance Reporting Form

For all permit violations, including monitoring requirements.

Use this form to report all instances of noncompliance *except* sanitary sewage overflows. Fill out all fields and sign. You may attach additional information to this report to explain the circumstances of noncompliance. This information may include but is not limited to maintenance records and monitoring results.

## FACILITY / CONTACT INFORMATION

Name of Permittee:		
Contact Name:		
Phone:	Email:	Date:
DEQ Permit #:	DEQ File #:	EPA ID #: OR
Has non-compliance been corrected?:                      Yes                      No		
Expected time noncompliance is expected to continue:		
Date/Time Started:	Date/Time Stopped :	
Description of Noncompliance:		

## AGENCY AND PUBLIC NOTIFICATION

Was the non-compliance one of the following:

• A noncompliance which may endanger health or the environment	Yes	No
• An unanticipated bypass which exceeds any effluent limitation in this permit	Yes	No
• An upset which exceeds any effluent limitation in this permit	Yes	No
• Violation of a maximum daily discharge limitation	Yes	No

If yes to any of the above, complete the rest of this section.

OERS Number:
Signs posted? Where?:
Media contacted? Who?:
List any other steps taken to notify the public and/or state and federal agencies:

## CAUSE(S)

Cause or suspected cause(s):
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# Oregon DEQ Noncompliance Reporting Form

continued

## RAINFALL DATA

Rainfall (for storm-related noncompliance):	inches	Design Storm:	inches
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Source of rainfall data:

## CORRECTIVE ACTIONS

List actions taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

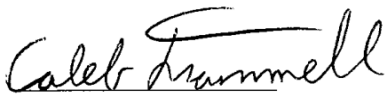
Actions taken (describe):

Actions planned and schedule for those actions (describe):

## COMMENTS

Comments:

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 gathered and evaluated 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.



Authorized Signature

Date

Name (print)

Phone

Title (print)

Email