Wyoming Department of Environmental Quality
Sanitary Sewer Overflow Report

WYPDES PERMIT# _____ **DATE (MM/DD/YY)** _____

COMPANY/FACILITY _____ **CITY/COUNTY** _____

REPORTING PERSON _____ **TITLE/PHONE** _____

Estimated Volume Discharged:_____**(gallons) (Mandatory)**

Estimated volume is: ( ) < 1000 gals ( ) > 1000 gals ( ) >10,000 gals ( ) > 100,000 gal

Was DEQ notified within 24 hours? ( ) Yes ( ) No Date/Time of Notification:_____

DEQ personnel contacted:_____ Phone Number:_____

Source of Discharge Event:

( ) manhole ( ) lift station ( ) broken line ( ) cleanout ( ) treatment plant

( ) failed infrastructure ( ) other

Location of Discharge Event (street address, etc.)_____

_____

Known/Suspected Cause of Discharge Event (street address, etc.)_____

_____

Ultimate Destination of Discharge: ( ) ground absorbed ( ) creek/river (name?)_____

( ) storm drain ( ) irrigation ditch ( ) other_____

Monitoring of the receiving water is: ( ) complete ( ) ongoing

Describe corrective actions taken and plans to mitigate impacts to the environment and/or public health_____

_____

Public Notice Efforts: ( ) press release ( ) placement of signs

( ) other_____ ( ) Notice not required

Other Agencies/Departments notified: ( ) County Health

( ) Other_____

Public Water Supply effected: ( ) No ( ) Yes If so, who was notified?_____