



MDC SSO Bypass 24-Hour Reporting Form

If Applicable

Work Order: and/or

Contract Number:

Town:

Date Reported: Time:

Date MDC Confirmed and Maint. Crew Notified: Time:

Date Stopped: Time:

Duration of Bypass (hrs):

Date Maint. Crew Arrival Time:

Cause of Bypass:

Bypass Type:

Bypass Discharged From: SSO Chamber:

Bypass Discharged To: Surface Water Name:

Location Description:

How Bypass Was Discovered:

Estimated Volume of Bypass:
(gallons)

How volume was determined:

More Description of Bypass:

Action taken to eliminate bypass:

Steps taken to prevent recurrence of bypass:

Method Used to Clean the Area:

Was bypass cleaned of debris?

If equipment failed, date of last inspection, maintenance, or repair:

Total Rain (in):

Date of last bypass at this location:

Report Prepared By: