

**WASTEWATER BYPASS/OVERFLOW REPORT
TO THE MISSISSIPPI OFFICE OF POLLUTION CONTROL**

- I. PERMITTEE NAME: _____
- II. PERMIT NO.: _____
- III. Bypass source (i.e., manhole, pump station, etc.): _____

- IV. Source location (i.e., street, etc.): _____

- V. Date/time bypass began (estimate if necessary): _____

- VI. Date/time bypass ended (estimate if necessary): _____

- VII. Volume of wastewater bypassed (estimate if necessary): _____

- VIII. State waters affected (i.e., river, stream, lake, etc.): _____

- IX. Cause of bypass: _____

- X. Temporary corrective actions taken: _____

- XI. Permanent corrective actions taken: _____

XII. Number of bypasses at this location in the past 12 months: _____

XIII. What actions were taken to prevent or minimize adverse environmental impact?

XIV. If bypass caused due to inflow of rainfall, how many inches of rain fell in the area? _____

Signature: _____

Title: _____

Address: _____

Date: _____