

## **24 Hour Violation Notification Form**

Date: \_\_\_\_\_  
From: \_\_\_\_\_  
(Name of Industry)

Reporting Period: \_\_\_\_\_  
(Month & Quarter)

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Person reporting violation(s))

Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Permit No.: \_\_\_\_\_

## Concentration Violations

## Mass (pounds per day) Violations

**Comments:** \_\_\_\_\_

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**Please email this form to pretreatment@bjwsa.org within 24 hours of becoming aware of a violation. Provide a copy of each notification with the self-monitoring report (SMR).**