

24 Hour Violation Notification Form
Beaufort-Jasper Water and Sewer Authority

Date: _____ Reporting Period: _____
From: _____ (Month & Quarter)
(Name of Industry) Outfall # _____
Contact Person: _____ Phone No.: _____
(Person reporting violation(s))
Signature: _____ Permit No.: _____

Concentration Violations

| Sample Date | Violation Daily/Mo. | Parameter | Limitations Daily/Monthly | Violation Mg/L |
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Mass (pounds per day) Violations

| Sample Date | Violation Daily/Mo. | Parameter | Limitations Daily/Monthly | Violation lbs. |
|----------------|------------------------|-----------|------------------------------|----------------|
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Comments: _____

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).