

SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY
Submit properly signed reports to SMRSA at pretreatmentreporting@smrsa.org.

Exhibit G - Local System Deficiency Reporting Form

Owner of Local System: _____

Mailing Address: _____

Email Address: _____

Name of Licensed Operator: _____

Mailing Address: pretreatmentreporting@smrsa.org

REPORTING PERIOD

_____ / _____ / _____
Month Year

REPORT OF INCIDENT

Location: _____

Date: ____/____/____ Duration of Incident: _____ to _____

N.J.D.E.P., CAS. NO.: _____
(if applicable)

Narrative Description of Occurrence: _____

Remedial Action Taken: _____

REPORT OF CONNECTIONS

Connections Made This Month: _____ Estimated Flows: _____

Residential: _____
Commercial: _____
Industrial: _____

INDUSTRIAL/COMMERCIAL REPORT ATTACHED: _____
(yes) (no)

Prepared By: _____
(print or type Name) (signature) (date)

Licensed Operator: _____
(print or type Name) (Signature) (date)

Licensed Operator Number: _____