

NONCOMPLIANCE 24-HOUR NOTIFICATION FAX REPORT

State Form 62416 (10-05) Indiana Department of Environmental Management Office of Water Quality

INSTRUCTIONS:

Complete all parts of this form and fax it to <u>Office of Water Quality</u>, <u>Compliance Evaluation Section</u> at (317) 232-8637 or 232-8406. Thurough completion of this report will satisfy the Office of Water Quality (OWQ) telephone and 5-day written noncompliance notification reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Any noncompliance which may pose a significant danger to human health or the environment must be immediately reported to the Emergency Response Section spill response line at: (317) 233-7745 or tell free within Indiana at (888) 233-7745.

| | | | FACILITY INFORMATION | | | |
|---|--|--|--|--|--|--|
| Facility Name: | | County: | NPDES Pe | rmit Number: | | |
| BP Products NA | | Lake | IN 0000° | IN 0000108 | | |
| Individual Reporting: Rose Herrera | | Phone Number: | Reporting | Reporting Date: | | |
| | | | | 02/16 | | |
| Date: | Outfall: | Parameter: | NONCOMPLIANCE INFORMATION Permit Limit: (Units/Daily/Wee | | Monitored Value: | |
| | | | · | uy/Avennexinnj | | |
| 08/01/16 | 005 | TSS | 5,694 lbs | Id at a second a seco | 8,932lbs (re/Max/Min) Monitored Value; | |
| ate: | Outfall: | Parameter: | Permit Limit: (Units/Delly/Wee | KIY/AVO/MAX/MIN) | Monitored Value: | |
| P Is responding Max Plant, whe nanage. | onding to an TSS of 5,694 re excess bid fitte Period of N to Continue: | ib at a value of 8, logical growth cau oncompliance, including the control of the | at the BP Whiting Refinery The 932 lb. The cause of the excess sed hydraulic loading that the cause of the excess sed hydraulic loading that the cause of the excess sed hydraulic loading that the cause of the excess sed hydraulic loading that the excess sed hydraulic loading that the excess sed of t | TSS was due to an up clarifiers and filters are ncompliance has not been C 9 PM on 8/1/16 (24 hot | set in the Biological not currently able to function to function the following the fol | |
| | | | | | , | |
| During the | event water treatment p | was impounded ar | Prevent Reoccurrence of the Noncomp nd a water shed (site water use as are on continuous backwash | reduction plan) was en | acted to reduce flows al solids are manually | |
| | | | | | | |
| | | | | | | |
| esigned to a the manage nd belief, in | esure that qualif | iled personnel properly nose persons directly re i complete. I am aware | CERTIFICATION AND SIGNATU all attachments were prepared under n gather and evaluate the information si esponsible for gathering the information that there are significant penalties for | ny direction or supervision in ibmilited. Based on my inquir n, the information eubmitted is submitting false information, | y of the person or persons I, to the best of my knowle | |