



TWENTY-FOUR (24) HOUR VIOLATION NOTIFICATION FAX FORM

Fax To: Narragansett Bay Commission
(401) 461-0170

Company Name: _____

Facility Address: _____

This is to notify the Narragansett Bay Commission (NBC) that the above-referenced facility violated the NBC discharge limitations for the following parameter(s):

<u>Sampling Date of Violation</u>	<u>Parameter</u>	<u>Concentration</u>

I certify that I have just become aware of the above-referenced violation(s) within the past twenty-four (24) hours and will immediately resample this wastestream for the parameter(s) exceeding the NBC discharge limitations.* I certify under penalty of law that this document and all attachments were properly prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Initial sampling and all resampling results must be submitted within 30 days of the sample date. Please note, resampling must continue until four consecutive samples show compliance with NBC discharge limitations.

Signature of Authorized Agent