BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report previously sent on: _____

INSTRUCTIONS: *Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify* ***separate locations caused by the same event****. If you have any questions while filling out this form, please call (317) 232-7150.*

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION

(1) Facility Name *(Organization)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Jeffersonville Downtown Wastewater T	423 Lewman Way, Jeffersonville, IN 47130	Clark	IN0023302

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
022	9/3/24 1:15	☐ AM ☑ PM	9/4/24 7:15	☑ AM ☐ PM	Rolling Ridge Lift Station	38°19'44" N	85°42'19" W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 127,500 Gallons

(11) WWTP Flow During Release: 15.73 MGD

(12) WWTP Peak Design Flow Rate: 75.00 MGD

(13) Overflow Type *(Select one.)*
- ☑ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☐ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
None observed.

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☑ Power Failure ☑ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation _____ Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☑ Pump Station Failure
- ☐ Treatment Bypassed
- ☐ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*

(17) Additional Description of the Bypass / Overflow Event:
Estimated release based on estimated daily station average of 170,000 gpd.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☑ Reached Receiving Water

Name of Receiving Water Impacted:
Unnamed tributary to Lancassange Creek.

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☐ Removed Blockage ☐ Repaired Pipe ☑ Repaired Pump Station ☐ Other ☑ Lime ☑ Clean-Up Debris

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Temporarily addressed electrical panel issue by re-routing controls. Working on permanent solution for both pump and panel issues.

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were 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 persons directly responsible for gathering the information, the information submitted 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. (*The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov*)

SIGNATURE: _____ DATE *(month, day, year)*: 9/4/2024

Individual Making Report *(printed)*	Telephone Number	Contact E-mail	Date *(month, day, year)* / Time IDEM Notified	
Jay Thompson	812-285-6451	jaythompson@cityofjeff.net	9/4/24 9:00	☑ AM ☐ PM