



BYPASS / OVERFLOW INCIDENT REPORT Follow-up to Bypass report

State Form 48373 (R7 / 4-16) previously sent on: Indiana Department of Environmental Management
Office of Water Quality

INSTRUCTIONS: Complete all parts of this form and email 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 the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

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) LTRSD	(2) Mailing Address (reporting organization) PO BOX 353, HATFIELD, IN. 47617	(3) County SPENCER	(4) NPDES Permit SEE BELOW **
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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)
<i>N/A</i>	1/23/26 8:08 AM	1/23/26 8:40 AM	W CR 200 N & N CR 550 W MAIN LIFT STATION		

(10) Amount of Flow Released (Always provide a volume.) Check one: Estimated Actual Gallons ESTIMATED 1000 GAL	(11) WWTP Flow During Release MGD	(12) WWTP Peak Design Flow Rate MGD
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(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow	(14) Describe any damage to aquatic life or receiving stream: NONE OBSERVED
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(15) Reason for Bypass / Overflow (Select one or more.) PUMP START FAILURE
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(16) System Component(s) (Select one or more.) Manhole House Lateral Pipe Failure <input checked="" type="checkbox"/> 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: ** COLLECTION SYSTEM ONLY, NO NPDES PERMIT WHILE THE CONTRACTOR REPLACING A DEFECTIVE PLC, A TIME CONTROL RELAY FAILED WHICH CAUSED THE PUMP TO NOT START PROPERLY. AFTER TROUBLE SHOOTING THE PROBLEM, WE JUMPERED AROUND THE FAILED COMPONENT UNTIL A NEW PART COMES IN AND RESTORED OPERATION TO NORMAL.	(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property
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YOU (19) Additional organizations notified by facility, if necessary (Select one or more.) IDEM Emergency Response Health Dept. DNR Fish and Wildlife Local Emergency Other: THE REPAIR CONTRACTOR THAT WAS ON SITE FOR ANOTHER ISSUE AND LTRSD BOARD VIA MONTHLY REPORT

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Cleanup 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 CleanUp Debris CORRECTED PROBLEM AND RESTORED TO NORMAL OPERATION.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence CONTINUE TO MONITOR SYSTEM DAILY AND FIX PROBLEMS WHEN THEY OCCUR.
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		AM PM		AM PM			
Amount of Flow Released Estimated Actual Gallons		Description of the Area Impacted (Check all that apply.) Affected Private Property Basement Backup Reached Public Land Reached Receiving Water				Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)							
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)			Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
		AM PM		AM PM			
Amount of Flow Released Estimated Actual Gallons		Description of the Area Impacted (Check all that apply.) Affected Private Property Basement Backup Reached Public Land Reached Receiving Water				Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)							
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)			Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
		AM PM		AM PM			
Amount of Flow Released Estimated Actual Gallons		Description of the Area Impacted (Check all that apply.) Affected Private Property Basement Backup Reached Public Land Reached Receiving Water				Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE	
<p>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.</p>	
SIGNATURE: _____ DATE (month, day, year): _____	

Bypass/Overflow Incident Report Instructions

Below are numbered instructions for completing the Bypass/Overflow Incident Report State Form 48373. Please fill all fields that you can and as accurately as you can. Bypass/Overflow Reports must be submitted by the facility/system that is responsible for the maintenance and oversight of the collection system where the discharge occurred. Please refer to these instructions while filling out the report:

1. Facility Name (Organization): The facility name as it appears on the NPDES permit. For wastewater systems which do not have an active NPDES permit please enter NONE in the box.
2. Mailing Address: The address where all IDEM communication is sent.
3. County: The County in which the permitted facility is physically located.
4. NPDES Permit: The permit number associated with the facility. For wastewater systems which do not have an active NPDES permit mark this space as either "Terminated" for systems which had an NPDES permit in the past or "N/A" for systems which have never had an NPDES wastewater permit.
5. Outfall Number: The number of the outfall associated with the Bypass/Overflow Incident as identified in the NPDES permit. For discharge locations which have not been specifically listed in the permit, mark as "N/A".
6. Date & Time Release Began: If the exact date and time is not known please indicate the date and time you became aware of the release.
7. Date & Time Release Ended: The exact date and time the release ended. If the release is ongoing at the time of the initial report submitted to meet the 24 reporting requirement, please leave this field blank and later resubmit an additional "Followup" report with the date and time that the discharge ended and check the "Follow-up to Bypass report previously sent on : ____" box in the upper right corner of the form.
8. Location of Release: The actual physical location of the release: Such as a Street Address; closest cross streets; Manhole ID; Lift Station; Force Main,

etc. **NOTE:** Please give the most accurate information in regards to manholes, lift stations and force mains that can be referenced back to documentation at your facility.

9. Latitude and Longitude: Latitude and Longitude shall be reported in decimal degrees (e.g. 77.029289) or degrees, minutes and seconds. The latitude and longitude fields on this report will **soon be required** by EPA; however, these fields can be left blank on the report if the sewer overflows are caused by an extreme wet weather event that inundates a large sewer basin and individual overflow locations (i.e. manholes) are difficult to quantify. At this time, the report will not be sent back if the boxes are blank; however, please attempt to fill in these two fields as accurately as possible.
10. Amount of Flow Released: The flow released should be the best professional judgment from the facility on the estimated number of gallons of sewer overflow for **each** Sewer Overflow Discharge.
11. WWTP Flow During Release: The flow of the treatment plant when the release was observed, often reported in a one hour time increment.
12. WWTP Peak Design Flow Rate: The peak WWTP design flow rate as identified in the respective NPDES permit and/or most recent IDEM OWQ Facilities Construction Permit/Design Summary (commonly listed as peak daily or peak hourly) that included a hydraulic capacity expansion.
13. Overflow Type: Check one and only one box that best applies to the type of incident. **NOTE:** Dry weather CSO is generally interpreted as where there has been less than 0.1 inch of precipitation within the preceding 72 hours (three (3) days). Prohibited CSO discharges are defined as discharges from CSO outfalls identified in Attachment A of the NPDES permit as being "prohibited". A Combined Sewer Release may include a basement backup in a sewer basin designated as being comprised of combined storm and sanitary sewers.
14. Describe any damage to aquatic life or receiving stream: Describe the conditions of the receiving stream and any aquatic life impaired by the incident.
15. Reason for Bypass/Overflow: Check **all** the boxes that apply to the specific incident.
16. Systems Component(s): Check **all** the boxes of components that are/were involved in the incident.
17. Additional Description of the Bypass/Overflow Incident: Provide additional detailed information regarding why the incident occurred that does not fit in the check boxes and supplemental details about the discharge event.
18. Description of the Area Impacted: Check **all** boxes of area(s) that were/are directly impacted by the discharge. If the discharge reached the receiving waters identify those by name whenever possible.
19. Organizations Notified by Facility: Check **all** of the boxes that apply.
20. Actions Taken to Prevent, Minimize, or Mitigate Damage Including Cleanup and Treatment of Affected Area: Select **all** boxes that apply and then add additional description in box below.
21. Resolution: Actions Taken or Planned to Prevent Recurrence: Describe all actions taken and actions that will be taken to prevent the incident from reoccurring in the future.
22. Certification and Signature: Complete this box in its **entirety**. A qualified person that has properly gathered the information in the report is authorized to sign and submit. **NOTE:** In circumstances where the certified operator is unavailable, the person on call at the facility may sign and submit.
23. Second Page Instructions: Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.